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ABSTRACT

Asserting that President Bush's proposal to shift responsibility for Head Start to the states would allow the federal government to abandon its promise to truly give children a head start, this report, with accompanying executive summary, outlines what is known about children receiving Head Start services and how the program addresses their needs. Part 1 of the report highlights Head Start comprehensive services related to health and nutrition, family services, educational skills, special needs children, and parent involvement, and presents research data and vignettes to describe what those services mean to children and families. This part also discusses how Head Start supports and builds upon community assets and fits into other efforts to improve children's early learning experiences. Part 2 of the report describes states' current struggles to deliver quality early childhood services within a context of substantial state budget deficits. This part argues that states have not demonstrated a commitment to comprehensive standards; do not have a record of providing health, social, and emotional supports to children and families; and fall short in supporting teacher credentials and training. Further, this part asserts that the Bush Administration's proposal to move Head Start from a federal-to-local, community-based program to a state-controlled program: (1) fails to improve the program within its existing structure; (2) removes essential quality guarantees, including extensive performance standards, and regular, on-site monitoring; (3) creates a new, unnecessary level of bureaucracy; and (4) provides insufficient funding. The report concludes by reiterating that instead of taking the nation forward, the Bush proposal exemplifies an abandonment of helping the nation's poorest children get ready for school and gives states the responsibility without the resources necessary to do the job. A state-by-state listing of child care funding cuts and new eligibility

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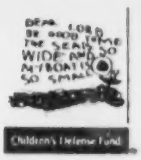


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# BROKEN PROMISES:
## How the Bush Administration is Failing America's Poorest Children

## EXECUTIVE SUMMARY

The Head Start program, begun 38 years ago, takes a comprehensive approach to helping the nation's poorest children and families. The program has provided high quality early education, health care, nutrition, and social services to more than 20 million children as well as supports to their families. President Bush's proposal for Head Start would allow the federal government to abandon its promise to truly give children a head start. The program would be handed over to the states, without federal standards for quality, without the requirements of comprehensive services, and without the funds needed to ensure that our must vulnerable children enter school ready to learn.

**It is clear that the Administration is playing politics with one of America's most successful programs for low-income families.** For the first time, Head Start reauthorization is being discussed without its historic bipartisan support. The Administration is using state flexibility as a guise to weaken crucial protections for poor children in Head Start just as it is doing for many other programs, such as Medicaid, foster care, and Section 8 housing.

Head Start is working for thousands of families across America and there is no reason to risk the program's success on an untested strategy. The Head Start program serves more than 900,000 children every day in classrooms and homes across the country. Countless research studies, including the recent Family and Child Experiences Survey (FACES) conducted by the U.S. Department of Health and Human Services, confirm that Head Start is giving America's poorest children exactly what it promises—a head start in preparing them for school. We should not jeopardize the program by removing the very elements that make it work for children and families.

**Head Start currently operates under the direction of federal performance standards that ensure quality, comprehensive services for children. These standards are not guaranteed under the Administration's proposal.** Research shows that children learn better when they have good physical and mental health and have families whose own needs are met so they can devote their energies to nurturing and educating their children. Therefore, the Head Start performance standards emphasize not only children's cognitive development but also their social, emotional, and physical development, as well as parent involvement. This comprehensive approach is very rare among early childhood programs, even though each of these components—health care, social services, education, and parent involvement—are essential to children's readiness for school.

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A sampling of Head Start's performance standards include the following mandates for comprehensive services and innovative educational programs:

- Within 45 days of entry into the program, children are screened for developmental, sensory, and behavioral concerns. Screenings must be developmentally-, linguistically- and age-appropriate.
- Programs are required to work collaboratively with families to enable them to access, either directly or through referrals, services and resources that are responsive to their needs.
- Programs must support emerging literacy and numeracy through materials and activities according to the developmental level of each child.
- Programs promote children's social and emotional development by building trust, fostering independence, and encouraging self-control by setting clear, consistent limits, and having realistic expectations.
- Head Start grantees must recruit and provide services for children with disabilities through contacts with local education agencies, medical and social services providers, and community-based organizations that serve children with disabilities.
- Programs must develop relationships with health care providers, mental health providers, nutritional service providers, family preservation and support services, child protective services, local elementary schools and other educational and cultural institutions, providers of child care services, and other organizations or businesses that may provide support and resources to families.
- Programs must be open to parents at any time during operation, involve parents in the development of program curriculum, and provide parents opportunities to volunteer or become staff.

**Giving Head Start to the states, without performance standards and without additional funding, as proposed by this Administration, will not improve services for poor children and families.** States are facing budget deficits of $70 billion to $85 billion for state fiscal year 2004, according to the Center on Budget and Policy Priorities (CBPP). In response, states are currently cutting early education and child care services, leaving many children without the supports they need to prepare for school. In this environment, instead of improving and building on Head Start's success, states will be tempted to use Head Start dollars to fill in gaps in their own programs and spread dollars more thinly.

In 2002, 10 states, including Hawaii, Maine, Massachusetts, Missouri, Montana, New York, North Carolina, Ohio, South Carolina, and Virginia, reported cuts in state investments in prekindergarten programs. A report by the General Accounting Office (GAO), released in May 2003, analyzed proposed budgets for fiscal year 2004 and found that 11 states are planning to cut funding for child care assistance programs. These forced cuts in funding will dilute the quality of services states can offer low-income families and will limit the ability of state prekindergarten programs to prepare children for school. While the Administration's plan claims that states will have to offer comprehensive services, it eliminates the standards that require them, skimps on the resources to provide them, and includes no enforcement mechanism to ensure that states would provide children these supports.

**States have not demonstrated a commitment to comprehensive standards and do not have the track record of providing the health, social, and emotional supports to children and families. Evidence suggests that state prekindergarten programs fall far short of the standards and requirements established and maintained by Head Start.** An extensive study of state-funded prekindergarten programs found that the programs show significant variability in scope and quality. The analysis also found that state-funded programs tend to be quite weak in the provision of comprehensive services. In addition, there is currently no evidence that state-funded preschool programs are more successful than Head Start in closing children's achievement gap.

Many states have child care and prekindergarten programs that lack the quality assurances of Head Start's federal performance standards:

- Fourteen states do not establish any requirements or offer any encouragement for programs to provide comprehensive services. Even when they plan to include these services, it is often difficult for state prekindergarten programs to provide these resources due to lack of funding and other obstacles. Head Start's performance standards require programs to provide comprehensive services for all of the children and families served.
- Thirty states allow teachers in child care centers to begin working with children without receiving any training in early childhood development. The Head Start performance standards currently require all teachers to earn a Child Development Associate credential and 50 percent of Head Start teachers must have an Associate's degree by the fall of 2003.
- According to a new report from SERVE, only 27 states maintain standards that promote school readiness. These state standards, however, vary enormously and rarely address the full range of developmental needs of young children, as they do in the Head Start Performance Standards.

**This year's budget makes empty promises to young children.** It barely increases funding for Head Start to cover higher costs, cuts child care assistance for at least 200,000 children over five years while increasing work requirements for poor mothers, and strips basic health protections for millions of children – all this during the worst fiscal crisis for states in more than 50 years. The Administration's proposal does not strengthen Head Start but instead puts its success in jeopardy. If enacted, the Bush proposal will allow the federal government to abandon its commitment to helping our poorest children get ready for school and will leave states without the resources necessary to ensure that children are ready to learn.

**Our nation has high expectations for young children and wants to see Head Start improved and expanded to help children reach their full potential.** It is critical that we maintain both the federal standards for quality as well as the federal funding commitment to Head Start children and families. If we truly want to improve the program, Congress should fully fund Head Start so that all eligible children are reached, and expand Early Head Start to help our poorest infants and toddlers. Congress should also ensure that Head Start teachers are the very best, by requiring that they have Bachelor's degrees in early childhood and by providing compensation to ensure that these teachers remain in Head Start classrooms.

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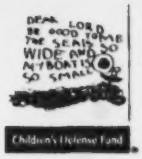


# BROKEN PROMISES:
## HOW THE BUSH ADMINISTRATION IS FAILING AMERICA'S POOREST CHILDREN

### REPORT

Every day, more than 4 million children under the age of six wake up to a life of poverty in the richest country on earth. This means that almost one out of every five American children are at risk of waking up hungry, being sick without access to medical care and child care, sleeping in shelters or substandard housing, and living in communities that are plagued with violence.

The Head Start program, begun 38 years ago, was part of a promise made to America's poor children and families to address the complex nature of poverty. President Johnson, announcing Head Start in a Rose Garden speech said that the program "reflects a realistic and wholesome awakening in America. It shows that we are recognizing that poverty perpetuates itself. Five- and six-year-old children are inheritors of poverty's curse and not its creators."[i]

Head Start was founded on the premise that strong early childhood education including comprehensive services for both children and families would have an impact on children's later success in school and in life. Since 1965, the program has provided these critical services to more than 20 million children. While no one program can completely alleviate the debilitating effects of poverty, the Head Start program represents the best of what we offer to the poorest children in our nation.

The program's principles, from the beginning, outlined a comprehensive early education program that addressed the broad array of issues that impact children's learning, including their overall health, as well as their families' access to social services and their parents' engagement in their education. The program primarily serves three- and four-year-old children; however, in 1994, responding to new research confirming the importance of children's very early development, Congress created Early Head Start. This program expanded Head Start to include comprehensive supports for low-income families with children under age three and pregnant women.

Today, the Head Start program serves over 900,000 children every day in classrooms and homes across the country. Head Start children reap the benefits of this successful program. Countless research studies, including the recent Family and Child Experiences Survey (FACES) conducted by the U.S. Department of Health and Human Services, confirm that Head Start is giving America's poorest children exactly what it promises—a head start in preparing them for school. Specifically, FACES data demonstrate that Head Start:

- Helps children gain ground on their more advantaged peers and ensures that children enter school ready to learn.

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- Narrows the gap between disadvantaged children and all children in vocabulary and writing skills.
- Enables children to make substantial progress in word knowledge, letter recognition, math skills, and writing skills relative to national averages once in kindergarten. [ii]

The FACES data also show that resources and performance standards enable Head Start programs to do what is needed to provide quality early learning environments for children:

- Head Start classrooms continue to be of good quality across a wide variety of indicators.
- An increasing proportion of new Head Start teachers have advanced degrees. Head Start teachers with higher levels of educational attainment and more years of teaching experience are more likely to have knowledge and positive attitudes about early childhood education practices, which influences classroom quality.

Numerous other studies confirm that Head Start's formula for high quality, comprehensive services is effective in ensuring later success for its graduates. The studies find that children who have graduated from Head Start are less likely to repeat a grade, less likely to need special education services, and more likely to graduate from high school.[iii]

## PLAYING POLITICS WITH HEAD START'S SUCCESS

The Bush Administration is threatening the principles, philosophy, and successes of the Head Start program. Specifically, the Administration's initiative would hand over Head Start to the states, without federal standards for quality or the requirements of comprehensive services. The House Committee on Education and the Workforce recently passed legislation, H.R. 2210, which would carry the Bush plan forward. The bill allows states to take Head Start funding and establish their own programs with their own standards. In this bill, states are largely left to their own devices in spending Head Start funds. Congress or the Secretary of Health and Human Services would have little oversight or monitoring of how states provide services to children and families under this block grant.

While Head Start has always maintained strong bipartisan support, the proposal introduced by President Bush and outlined in the House bill would allow the federal government to abandon its promise to truly give children a head start. Instead, the proposal gives lip service to quality, saying that the initiative will "strengthen" Head Start, while actually weakening standards and providing only a 2 percent funding increase—barely enough to cover the cost of inflation—for the program.

Dr. Edward Zigler, the "father" of Head Start, recently commented on the proposal:[iv]

> "The rationale for this drastic change from a community- to state-run program is to achieve the worthwhile goal of better coordination between Head Start and state-run preschool programs, as well as other federal programs now managed by the states. The president's proposal is entitled 'Strengthening Head Start.'

> How strong Head Start is depends upon a single factor: how good the quality is invested in the Head Start program model and how well the program is implemented at the local level. We must concentrate on exactly what experiences children and their parents have as a result of being enrolled in a Head Start program. The evidence is overwhelming; the magnitude of positive outcomes is directly related to the quality of the program. Since my major concern is the quality of the program, it is irrelevant to me whether the ultimate steward of the program is the federal or the state government.
>
> I prefer the long-standing federal-to-local funding stream over a state-to-local funding stream because *all the evidence we have indicates the currently federally-run Head Start program is doing an excellent job and is superior in quality to all state preschool programs.* (emphasis added)

It is clear that the Administration is playing politics with one of America's most successful programs for low-income families. The Administration is proposing a block grant as a guise to weaken crucial protections for poor children in Head Start. And Head Start is not alone. The Administration is also proposing to weaken other supports to low-income families, such as health care, foster care, and low-income housing, by block granting and capping funds for these programs.

If the Administration were truly interested in strengthening Head Start, it would provide additional resources for the program. Yet the Administration's budget for Head Start barely covers the costs of maintaining the program's current level of services for next year. It neglects the need for investments to increase the quality of Head Start's supports, fails to expand services to the nearly 40 percent of eligible preschoolers or the 2 million infants and toddlers who cannot currently access Head Start because of funding shortages, and plays shell games with existing dollars.

This Administration is dismantling the heart of the program and undercutting extensive early childhood research that acknowledges the vast needs of children in poverty. The proposal ignores the basic tenets of Head Start: that children do not come in pieces and that learning does not occur in a vacuum.

Specifically, the Administration's proposal:

**Fails to build on and improve Head Start within its existing structure.** Improvements in coordination, school readiness, and teacher qualifications should be made at the federal level within Head Start's existing structure so all children in Head Start will benefit. Due to current funding levels, the program only serves three out of five preschool children who are eligible for Head Start, and only 3 percent of eligible infants and toddlers. Instead of providing more funding to truly strengthen and expand the program, the proposal gives states the option to control Head Start, which would allow for the dilution of the comprehensive performance standards that address the broad range of children's developmental needs—the core of the program's success.

**Removes essential quality guarantees, including extensive performance standards and regular, on-site monitoring.** By removing the federal performance standards, there would be no guarantees that quality would be maintained. States have not demonstrated a commitment to comprehensive standards and do not have the track record of providing the health, social, and emotional supports to children and families. In addition, states are grappling with huge budget deficits that are already placing their existing state prekindergarten and other social services programs at risk. States will be tempted to use Head Start dollars to fill in gaps in their own programs and spread dollars more thinly.

**Creates a new, unnecessary level of bureaucracy in the name of better coordination**. The Administration would replace a proven program with a risky, untested strategy. The proposal adds a new level of bureaucracy with little additional support. This means that states will have to use dollars currently used to serve children to cover the administrative costs of running the program.

Ensuring that Head Start continues to coordinate with existing programs will improve the program, but this can be done under Head Start's existing structure. Programs across the country currently deliver services in collaboration with school districts, preschool programs and child care providers. For example, 42 percent of families who reported a need for full-day, full-year early care and education received this extended care either directly through the Head Start program or through collaborations between Head Start and child care providers.[v] But coordination is no solution for the lack of resources in all of these programs. The Administration is simply using coordination as an excuse to abandon its responsibility and promise to truly give children a head start and ensure that they enter school ready to learn.

This report will outline what we know about the children receiving Head Start services and what the program does to address their needs. We will highlight how Head Start currently guarantees that children receive comprehensive services and describe what those services mean to children and families in Head Start. We will discuss how Head Start currently supports and builds upon community assets, and how these programs already fit into other efforts to impact children's early learning experiences. Finally, we will provide a picture of states' current struggles to deliver quality early childhood services. State fiscal crises mean that there are few state resources available to meet the needs of our poorest children.

# Part I:
# HEAD START: 38 YEARS OF SUCCESSFULLY SERVING THE WHOLE CHILD

## WHO ARE HEAD START CHILDREN?

Family and Child Experiences Survey (FACES) data collected by the U.S. Department of Health and Human Services confirm that the children entering Head Start are in desperate need of services and supports to encourage their healthy development. These children have many risk factors that jeopardize their chances for success in school.

- Head Start serves the poorest children and families, with the program targeted to children whose families have incomes below the poverty line ($15,260 a year for a family of three in 2003) or receive public assistance.[vi]
- Nearly 28 percent of parents with children in Head Start have less than a high school diploma or GED. Only 8.5 percent of Head Start children's parents have an Associate Degree or higher.[vii]
- Forty-two percent of households in the survey reported having less than $1,000 in monthly income from all sources in the fall of 1997 (including welfare benefits).
- Almost a quarter of children served in Head Start come from homes where English is not the primary language spoken at home.[viii]
- About one in five children "were reported to have been exposed to community or domestic violence in their lives."[ix]
- In 2002, 13 percent of the Head Start enrollment consisted of children with special needs, such as developmental delays, health and orthopedic impairments, visual and hearing impairments, emotional problems, speech and language impairments, and learning disabilities.[x]
- The early literacy skills of the average child entering Head Start were significantly below national norms.[xi]

## MEETING THE CHALLENGES OF POVERTY:
### SETTING HIGH STANDARDS FOR THE SERVICES HEAD START DELIVERS

Head Start targets the nation's poorest and most vulnerable children, including children with disabilities or other special needs. Preparing these children for learning is about more than just teaching them numbers or letters. It is also about giving children the skills and abilities that will make them good learners throughout their school careers. Therefore, Head Start emphasizes not only children's cognitive development but also their social, emotional, and physical development, as well as parent involvement. Head Start also addresses families' unmet needs for housing, job training, health care, mental health support, and family counseling that may stand in the way of a child's full and healthy development. This comprehensive approach is very rare among early childhood programs, even though each of these components—health care, social services, education, and parent involvement—are essential to children's readiness for school.

The need for these critical components is based strongly in the research on how children learn and succeed. Regardless of their innate abilities, children learn better when they have good physical and mental health and have families whose own needs are met so they can devote their energies to nurturing and educating their children.

- Even mild undernourishment, the kind most frequently found in the United States, impairs cognitive function and can do so throughout the life of a child.[xii]
- Children participating in a study of a quality early childhood program that included a strong health component as well as a parent involvement component had higher rates of high school completion and lower rates of school dropout.[xiii]

It is critical to recognize that Head Start does more than simply refer parents to other services or even coordinate with other programs that address their needs. Head Start partners with parents and resources in their own communities to ensure that children receive necessary services, and the program provides a helping hand to parents so that they can meet their children's needs. As a result of Head Start's mission to address the comprehensive needs of children and families, low-income parents who are struggling to support their children against overwhelming odds can become stronger participants in their children's learning experiences. Head Start's focus on what children need to learn means that the program also addresses the needs of parents. In this way, Head Start can play an important role in helping parents move from welfare to work and achieve self sufficiency.

Head Start is an important "**one-stop shop**" to ensure that our most vulnerable children and families do not fall through the cracks. By making sure families have access to the services they are eligible for, and by taking extra measures to enable extremely low-income families to overcome the significant barriers they face, Head Start provides a function not duplicated by any other program. To efficiently meet the needs of families, Head Start, child care, and prekindergarten programs often coordinate—with many Head Start programs providing full-day services by leveraging child care subsidy funds. Similarly, prekindergarten and child care programs often co-locate with Head Start programs to provide extended education and comprehensive health and nutrition services to a larger group of children in need.

The Bush proposal for Head Start ignores these basic needs of children and families in favor of a vague notion of state flexibility. While the Administration's plan claims that states will have to offer comprehensive services, it eliminates the standards that require them, skimps on the resources to provide them, and includes no enforcement mechanism to ensure that states would provide children these supports.

**Health and Nutrition**

One of the Head Start program's key components is identifying and addressing children's health care needs. Head Start staff are charged with more than passing on a Medicaid or Children's Health Insurance Program (CHIP) referral, or simply telling parents that health services are available. Instead, Head Start has taken an active role in ensuring that families find the ongoing health care they need for their child by having program staff work with parents to overcome any barriers.

The Head Start performance standards mandate that programs provide comprehensive health services to children. These standards require that:

- Within 45 days of entry into the program, children are screened for developmental, sensory, and behavioral concerns. Screenings must be developmentally, linguistically, and age appropriate.[xiv]
- Within 90 calendar days, programs must determine whether a child has an ongoing source of continuous, accessible health care. If a child does not, the program must assist the parents in finding and accessing a source of care.[xv]
- Programs help parents obtain any needed follow-up health or developmental diagnostic testing or examinations, or any necessary treatment or immunizations for their children.[xvi]
- Programs must track the provision of health care services through maintenance of individual child health records.[xvii]
- Programs must use health and developmental data gathered through these processes, and individualize services to each child through communication with parents.[xviii]

Head Start also guarantees that children's nutritional needs are met. Specifically, programs are required to:

- Work with families to identify each child's nutritional needs, gathering information about the child's health as well as about family eating patterns, including cultural preferences, special dietary requirements, and feeding requirements of infants and toddlers and children with disabilities.[xix]
- Provide meals and snacks that provide at least one-third of the child's daily nutritional needs if the child is in a part-day program, and between half and two-thirds of the child's daily nutritional needs for children in a full-day program.[xx]
- Provide a nourishing breakfast for any Early Head Start or Head Start child who comes to the program in the morning without breakfast.[xxi]
- Provide nutrition education programs that address the selection and preparation of foods to meet family needs and the management of food budgets. Programs must also engage parents in discussions about their children's nutritional status. [xxii]

Data from the 2002 Head Start Program Information Report (PIR) survey confirm that Head Start plays a critical role in identifying and ensuring treatment of children's health care needs. According to the Center for Law and Social Policy's analysis of PIR data, 86 percent of Head Start children received medical screenings and 78 percent received a dental exam. Mental health consultants worked collaboratively with Head Start program staff to meet the behavioral and mental health needs of 132,000 children in 2002.[xxiii] Two percent (over 22,000) of children in the program were identified as needing additional mental health services beyond what could be addressed by Head Start program staff.

According to PIR data, children receiving health services were most likely to be treated for asthma (26 percent), being overweight (21 percent), anemia (17 percent), vision problems (14 percent), or hearing difficulties (11 percent).

Beyond offering screenings, referrals, and linkages to health insurance coverage for children, Head Start staff facilitate access to other needed supports through translation services for non-English speaking families, transportation for families who are without reliable transportation, and parent counseling to ensure that preventative measures, nutritional support, and follow-through are achieved. The following examples illustrate what an important role Head Start has played in the healthy development of children:

*In Plymouth, Indiana, a four-year-old Spanish-speaking child failed the vision screening administered by his Head Start program. The Health Coordinator referred him to a local eye doctor for an eye exam. The Spanish-speaking family service worker in the Head Start program went with the parent and child to the eye doctor. The eye doctor felt the child should be seen by a specialist and referred him to one in an adjoining county. The family service worker interpreted the results of the exam and helped set up the appointment. She took the parent and child to the specialist, who then recommended the entire family go to a specialist in Indianapolis for evaluation. As it turned out, the family had a genetic eye disease. If this family had only been given a phone number to call, it would have been nearly impossible for them to get the help they needed. Head Start provided the transportation, interpretation, moral support, and guidance.*

*In Wilsonville, Oregon, a statewide project started to screen Head Start children for elevated blood lead levels. High blood lead levels have been linked to a host of physical and developmental delays in young children, yet this screening was not being regularly conducted by medical providers during children's well-child exams. Through the screening process, a number of children with elevated blood lead levels have been identified. They likely would have gone undetected without the efforts of Head Start staff. These families have been linked to medical providers and county health departments for both medical follow-up and in-home intervention to identify and reduce or eliminate the sources of lead exposure.*

*In Blossburg, Pennsylvania, pediatric dentists are rare. The Head Start program makes several trips each year to Scranton (the nearest big city), with children whose mouths need so much work that local dentists will not treat them. Parents do not have the means to drive 180 miles, so Head Start provides the transportation.*

*In Rock Springs, Wyoming, school nurses tell Head Start how grateful they are to have children coming into kindergarten with their health needs already met. Often it takes a long time for schools to discover issues affecting a child's learning—they may go most or even the entire year doing poorly because of a hearing deficit or vision problem. The school nurses also are appreciative of the fact that Head Start children are up-to-date on their immunizations when they begin public school.*

*In Joliet, Illinois, before one preschooler was enrolled in the Head Start program, she received health services for a chronic urinary tract infection from a local agency. After two years of treatment, the child's health condition was deteriorating. The family service worker at the Head Start program recommended that the family obtain a second opinion*

*from the Cook County Hospital, and offered to provide transportation for the family to the appointment. The hospital diagnosed the little girl with a malfunction of the bladder. The family service worker also helped link the family to the Hospital Donation network through Cook County Hospital in order to pay for the medical treatment that saved this child's right kidney.*

***Family Services***

Not only does Head Start address the individual needs of children, but the program also recognizes that children are part of families and that families play the largest role in children's school readiness. Therefore, Head Start provides extensive assistance to the families of Head Start children. Performance standards require that:

- Programs build partnerships with parents to establish trust and identify family goals, strengths, and necessary services and supports.[xxiv]
- Programs offer parents opportunities to develop and implement individualized family partnership agreements.[xxv]
- Programs coordinate with other family and community agencies, building on any existing efforts to help families accomplish their goals.[xxvi]
- Programs work collaboratively with families to enable them to access, either directly or through referrals, services and resources that are responsive to families' interests and goals. Programs are required to follow up with parents to determine whether the services met family needs.[xxvii] These services must include: [xxviii]
    - Emergency or crisis assistance such as food, housing, clothing, and transportation;
    - Information, counseling, intervention, and services specific to family needs such as substance abuse, child abuse and neglect, and domestic violence;
    - Continuing education, employment training, and other employment services;
    - Nutrition education;
    - Mental health education;
    - Family literacy services; and
    - Prenatal and postpartum care and health education for pregnant women in Early Head Start programs.

The latest Program Information Report data from Head Start show that the programs are delivering services that address parents' goals of engaging in their children's education as well as becoming self-sufficient. According to the recent CLASP report, "services that the PIR survey found were most often received by Head Start families included: parent education (32 percent), health education (27 percent), and adult education, job training, and English as a Second Language (23 percent)." In addition, 15 percent of all families in Head Start received emergency and crisis intervention services through Head Start.[xxix]

The following examples highlight how important Head Start services are to promoting the stability and success of families:

*Andrea, a Head Start parent from Seattle, Washington, says, "Head Start has truly helped me and my children through some rough experiences. Since I am a single mother,*

*I needed help in many areas, such as emotional, legal, counseling, parenting, guidance, and more...All of these services and support helped me build my self-esteem, my self-confidence and get out of an abusive situation that had lasted seven years...I am now off public assistance and becoming independent and self-sufficient."*

*In Boston, Massachusetts, a Bosnian family with limited English ability has received extensive support through their involvement with Head Start. As the mother does not drive, the family support worker with the program takes the family each week, sometimes by train to help the family become familiarized with the public transportation system, to their child's dental appointments at Tufts University. Because of malnutrition, the child's teeth are in very poor condition; she has already had seven appointments to treat cavities and perform a root canal. The Head Start program has helped the family to apply for and receive Food Stamps, and through Head Start, the mother participates in a weekly program designed to help non-English speakers learn basic English communication skills.*

*In Madison, Wisconsin, Early Head Start staff worked with two teenage mothers to help get them on their feet and adjust to their new responsibilities. Staff worked in partnership with these new mothers to develop a Family Partnership Agreement that set goals and identified the steps they needed to take to change their lives. As a first step, Early Head Start staff worked with them to obtain their driver's licenses and helped them search for employment. One mother is now employed at a local grocery store and the other is working in the public school system.*

Parents like these rely on Head Start's wide range of support services to help them get on their feet and provide a nurturing home environment for their children. If basic needs such as safety, housing, and financial stability are not met, low-income children have little chance of showing up for school ready to learn.

***Educational Skills***

Head Start has clear goals for the educational components of the program. As stated in the performance standards, the objective is to provide children with a safe, engaging environment that helps children "gain the awareness, skills, and confidence necessary to succeed in their present environment and to deal with later responsibilities in school and in life."

Specifically, Head Start performance standards require that programs:

- Support each child's cognitive and language skills by using various strategies including experimentation, inquiry, observation, play, and exploration.[xxx]
- Promote interaction and language use among children and between children and adults.[xxxi]
- Support emerging literacy and numeracy through materials and activities according to the developmental level of each child.[xxxii]
- Provide developmentally and linguistically appropriate educational services.[xxxiii]
- Develop programs that are inclusive of children with disabilities.[xxxiv]



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- Provide an environment that accepts and supports gender, culture, language, ethnicity, and family composition.[xxxv]
- Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities.[xxxvi]
- Provide opportunities for parents to engage in their child's learning process.[xxxvii]
- Support children's physical development through sufficient time, indoor and outdoor space, equipment, and materials.[xxxviii]

The latest findings from the FACES study demonstrate that by following these performance standards, Head Start has been effective in promoting children's cognitive development. Children made significant gains in cognitive skills during the Head Start year relative to national averages, particularly in vocabulary knowledge and early writing skills. Children who entered Head Start with the lowest skills levels made the greatest gains.

In keeping with the performance standards, Head Start programs have encouraged children's cognitive development in an array of areas, including early literacy. Examples from across the country demonstrate how programs have fully integrated literacy into their daily activities and have addressed early literacy efforts through a number of trainings, teaching strategies, and innovative partnerships.

> *In Kansas City, Missouri, Head Start worked in collaboration with elementary schools to develop a "Reading Buddies" program. In this initiative, Head Start children are matched with elementary school students for reading activities that are designed to enhance preschoolers' exposure to reading and print awareness.*
>
> *In Durham, North Carolina, Head Start teachers have incorporated literacy into every area of the classroom. For example, in the block area, teachers have placed writing pads, pencils, and actual floor plans for a house just like a real contractor or builder would use to help children understand the daily uses of reading and language.*
>
> *In Rochester, New York, Head Start programs conducted a two-day pre-service training and literacy mentoring training effort to ensure that all teachers were using the most up-to-date practices in emerging literacy and language development.*
>
> *A mother in Cleveland, Tennessee, said that her son, Beau, received speech therapy though the Head Start program. Getting these services early on ensured that a small problem did not develop into a long-term challenge of trying to catch up with his peers. Staff worked to help Beau overcome his developmental delay, paying special attention to issues of self-esteem and social skills, so that his speech continued to improve. When he entered kindergarten, he knew all of his letters and could count to 30. Beau has just finished the second grade, and scored in the 94$^{th}$ percentile on standardized achievement tests and had a reading score in the 99$^{th}$ percentile.*

As an essential part of promoting children's cognitive development, Head Start programs conduct ongoing assessments of children's learning and developmental progress. These assessments, currently required by the performance standards, are used to identify children's

strengths and weaknesses, tailor the curriculum to children's individual needs, and determine areas for program improvement. Through various types of assessments, Head Start programs are demonstrating their children's progress and their programs' positive impacts:

> *The Puget Sound Head Start in Seattle, Washington, collected data on 1,217 children and found that children's literacy skills were higher for four-year-olds who had attended Head Start the previous year than four-year-olds who had not attended. This suggests that the gain in skills is due to the influence of the Head Start program and not just the maturation of the child.*
>
> *The Pennsylvania Head Start Association conducted an outcomes survey of 10,000 children and found that Head Start children progressed significantly on key literacy components. For example, during the 2001-2002 school year:*
>
> - *In the fall, 54 percent of children displayed phonological awareness, such as the ability to associate sounds with written words and the ability to recognize rhymes. By spring, 86 percent of Head Start children demonstrated these early literacy skills.*
> - *In the fall, 63 percent of children were able to demonstrate alphabet knowledge (defined as identifying at least 10 letters). By the following spring, nearly 89 percent of children had developed this knowledge.*
> - *In the fall, 69 percent of children were showing print awareness and knowledge of print concepts, such as understanding the relationship between spoken words and written words and recognizing that letters are grouped together to form words. By spring, 95 percent of the children in Head Start had developed these important pre-reading skills.*

***Head Start recognizes that cognitive and language development depends on children's social and emotional development as well.*** As stated in a 2000 report by the National Research Council, "Cognitive, social-emotional, and motor development are complementary, mutually supportive areas of growth all requiring active attention in the preschool years.... All are therefore related to early learning and later academic achievement." Head Start has known this to be true from the beginning.

The performance standards require that programs promote children's social and emotional development by:

- Building trust.[xxxix]
- Fostering independence.[xl]
- Encouraging self-control by setting clear, consistent limits, and having realistic expectations.[xli]
- Encouraging respect for the feelings and rights of others.[xlii]
- Supporting and respecting the home language, culture, and family composition of each child.[xliii]
- Planning for routines and transitions so that they occur in a timely, predictable, and unrushed manner.[xliv]

Recently released findings from FACES demonstrate that Head Start's emphasis on social and emotional development is paying off, not only in terms of the direct effects on children's behavior but also in the effects on their cognitive development:

- Head Start children were significantly more likely to display cooperative behaviors and significantly less likely to display hyperactive behaviors over the course of the program year, according to teachers' reports. Children with high levels of aggressive or hyperactive behaviors showed significant reductions in these problem behaviors after participation in Head Start. [xlv]
- Children's social and emotional growth was linked to their cognitive development. Children who showed more cooperative behavior and lower problem behaviors in Head Start scored better on cognitive assessments at the end of kindergarten. [xlvi]

Kindergarten teachers as well as parents can attest to the fact that Head Start's approach, which addresses the interlinked aspects of cognitive, social, and emotional development, results in children being successfully prepared for school:

> *According to Head Start directors in Sioux City, Iowa, "Kindergarten teachers say the Head Start children know their alphabet, have social skills, self-help skills, and manners—the things they need to function in a kindergarten classroom. Teachers can also tell if a family has been involved in Head Start, because the parents are more actively involved in their child's elementary school."*
>
> *In Durham, North Carolina, Head Start directors report that kindergarten teachers in the city say they know when a child comes from a Head Start program—they come into school with a level of knowledge and ability to pay attention and sit still that their peers who did not participate in Head Start often do not have. Head Start children know the alphabet and many can write their name.*
>
> *In Kansas City, Kansas, a parent noted that Head Start staff made a big difference in her child. She finds that with her son in Head Start, "I can see the progress he has made in several areas, especially the way he associates with other children. He has learned to share, play and respect other children. He has also made great progress with the English language, which in turn, has helped to build his self-esteem and made it easier for him to communicate with his peers."*

***Serving Children with Special Needs***

According to the CLASP analysis of PIR data, in 2002, 13 percent of the children in Head Start and Early Head Start (over 125,000 children) were diagnosed with a disability. The most common disability identified in Head Start children in 2002 was speech and language impairment. However, Head Start grantees are serving children with all types of disabilities, including children with multiple disabilities, autism, orthopedic impairments, mental retardation, learning disabilities, vision impairments, hearing impairments, traumatic brain injury, and developmental delays. In 2002, of the children identified with a disability, 93 percent received special education and related services through Head Start.[xlvii] For many of these children,

participation in Head Start and the comprehensive services it provides—beginning with a diagnostic assessment when the child is enrolled—has given them access to the critical early intervention services they need in order to enter school ready to learn.

The performance standards set out several requirements to support children with special needs and their families, including: [xlviii]

- Head Start grantees must incorporate into their general outreach and recruitment activities efforts to identify and enroll eligible children with disabilities through contacts with local education agencies, medical and social services providers, and community-based organizations that serve children with disabilities.[xlix]
- Recruitment efforts must include children with severe disabilities, including children who have already been identified as having disabilities.[l]
- A Head Start representative in each state is required to participate on the State Interagency Coordinating Council (SICC) established by the Individuals with Disabilities Education Act (IDEA).[li]
- Head Start programs must establish formal linkages and coordinate programmatic efforts with the IDEA agencies administering the Section 619 Pre-School Program and the Part C Early Intervention Program for Infants and Toddlers.[lii]
- Each Head Start grantee is required to have a disability services coordinator who works with a variety of agencies and providers to coordinate the eligibility determination and service delivery for Head Start children who are suspected of having, who are at risk of, or who are diagnosed with disabilities. The disability services coordinator assists in developing interagency agreements so that appropriate funding streams are utilized and services to children are not delayed. Along with other staff, the disability services coordinator works with the parents of children with disabilities to help them better support their children's development.[liii]
- If Head Start staff believe that a child has a disability, they must screen the child to determine whether a full evaluation is warranted.[liv] If a child requires a comprehensive evaluation, it should be conducted in partnership with the local lead agency for the IDEA Part C program (for Early Head Start infants or toddlers) or the local school district's coordinator for the IDEA Section 619 program (for Head Start preschoolers), and the child's parents.[lv] Once a child is diagnosed with a disability and determined to be in need of special education and related services or early intervention services, the child must have an Individualized Education Program (IEP)—or, if the child is in Early Head Start, an Individualized Family Services Plan (IFSP). The IEP or IFSP development process involves the parent and either the Head Start program or IDEA agency.[lvi]
- When a child is not eligible for IDEA-funded early childhood services but still requires specialized services, the Head Start grantee monitors the child's progress and provides supportive services to facilitate the child's development. Head Start programs can use Head Start funds to pay for the following special education and related services for children with disabilities who are not eligible for IDEA-funded services: audiology services; physical and occupational therapy; speech or language services, including therapy and assistive devices; psychological services; transportation between the program and clinics or other service providers; and assistive technology services or devices to help children improve their functioning to meet their IFSP or IEP objectives.[lvii]

- Programs must provide training to all Head Start teachers on how to modify their teaching activities to meet the needs of children with disabilities. Special training is required for personnel in programs that have enrolled children whose disabilities require specific skills or knowledge to address.[lviii]

Together, these standards ensure children with disabilities and their families get the help they need—as well as access to the educational and social opportunities offered by Head Start. Head Start programs are making a real difference for families:

> *In Evansdale, Iowa, a parent noted that "having a child with disabilities is not easy. Since enrolling in Head Start, I have received the best possible care for my child. They are very supportive in helping get the services that I need to help my child succeed. Head Start is always there when I need someone to talk to or when I need some help for my child. Since my child has been in Head Start, his doctors can't believe the progress that he has made. No one ever thought that it would be possible for him to get where he is now. We owe it all to Head Start.*[lix]

> *In Marion County, Tennessee, an autistic four-year-old boy was referred to the local Head Start program when the school system could not provide appropriate services for him. Head Start staff worked with his family to design a program that would meet his needs, including home visits and an extended transitioning period to help him adjust to the new environment. The Head Start program did additional assessments to determine the best way to support the young boy in learning, and arranged for speech and occupational therapy, as well as dental care. When he first entered Head Start, this child could not answer "yes" or "no" questions. Within five weeks, his speech surged and he could make his needs and wants known to his teachers and his typically developing classmates. After Head Start, he was able to go to kindergarten with his peers.*

> *In Chattanooga, Tennessee, Amy was enrolled in an Early Head Start program at eight weeks old. By her first birthday, though, staff noticed that Amy was still not talking, and the Early Head Start nurse found that Amy failed the hearing screening. Amy's parents were initially reluctant to conduct further tests and found the doctor's reports confusing. Head Start staff worked with the parents to explain the diagnosis and helped in ensuring that Amy got the hearing aids she needed. The doctors also recommended that Amy learn sign language. The parents were initially resistant to this advice, but Head Start staff worked with Amy as well as her parents, making home visits twice a week for 45 minutes a session to help with learning sign language and explaining how Amy experienced the world as a deaf child. Amy's mother now regularly volunteers in Head Start, teaching Amy's teachers and peers the sign language she has learned.*

***Parent Involvement***

The creators of Head Start acknowledged that a nine-month program can not alleviate all of the challenges of growing up in poverty. Therefore, Head Start also focuses on the family. The program recognizes that the child's parents are his/her first teacher and that parents are critical to ensuring that Head Start children succeed in school and later in life. Through the Head Start

program, parents often find their voice in speaking out for their children's needs. They become advocates for their child's education and learn the skills that enable them to ensure that their children's needs are met. These are skills that last longer than the Head Start years and into elementary school and beyond.

*The FACES data show that parental involvement in Head Start had positive impacts on children's vocabulary, letter identification, book knowledge, early writing, early math, and social skills. The study findings also demonstrate the importance of Head Start's emphasis on parental involvement. Families' participation in educational activities with their children was positively correlated with children's behavior and emerging literacy skills, after controlling for parent education, income, and other demographic factors.*

Head Start's requirements outline how programs must work to ensure that parents are fully involved in their Head Start child's education. Programs must:

- Involve parents as early as possible from the time the child is enrolled, with the goal of establishing mutual trust and identifying family goals, strengths, necessary services, and other supports.[lx]
- Be open to parents at any time during operation, involve parents in the development of program curriculum, and provide parents opportunities to volunteer or become staff.[lxi]
- Offer at least two home visits as well as parent-teacher conferences each program year.[lxii]
- Provide parents with opportunities to enhance their parenting skills.[lxiii]
- Assist parents in becoming active partners in accessing health care for their children.[lxiv] Programs also work to encourage parents to influence community services so that they are more responsive to their family needs.[lxv] In addition, programs must help parents in transitioning their children into school.[lxvi]
- Include parents in educational activities, and are required to include parents in program policy-making and operations.[lxvii]

Head Start programs are truly including parents as full partners in the education of their children. According to PIR data, in 2002, 65 percent of the program volunteers were current or former Head Start parents. Further, current or former parents make up nearly one-third of Head Start staff.[lxviii] Parents are also actively engaged in the more comprehensive services and supports available through Head Start. In 2002, 81 percent of Head Start families had developed family partnership agreements, which establish goals and define steps for the family in achieving long term success.[lxix]

Parents across the country are touting the benefits of Head Start:

> *In a recent opinion piece to the Bethlehem (PA) Morning Call, Tania Melhem said Head Start helped her go from public assistance and food stamps to voter, homeowner, and self-employed notary public. According to Ms. Melhem: "None of this would have been possible without the Head Start program by my side all along the way. Their goal is to make sure that every child is ready for school and, together with their families, leave the program better than when they entered."*[lxx]

Asuncion Garay Diaz, a parent involved with the Migrant Head Start program in Oregon, credits Head Start for helping her learn English, get her GED, and improve her parenting skills. As a member of the Head Start Policy Council for three years and as Executive Vice President of the National Migrant and Seasonal Parent Affiliate Group, Ms. Diaz reports that her involvement with Head Start has been "a powerful experience," giving her the opportunity not only to improve the circumstances of her family, but also to reach out and impact others.

A parent in Sioux County, Iowa, said that "as a single male parent, Head Start has made such a difference in my life and the lives of my children. There are a lot of things I have overlooked, being a working father, and Head Start has helped me in areas I needed to improve on as a single parent. The staff of Head Start point out ways that they, along with parents, can better prepare children for kindergarten."

## HEAD START ENGAGES THE COMMUNITY
### COLLABORATING AND CONNECTING WITHIN COMMUNITIES

Head Start is a federal-to-local program because its creators recognized the value of collaborating and coordinating with community-based resources to ensure children's healthy development and their families' success. It is at this local level that a process of establishing community supports for children and families can occur. Programs are charged with building on the existing supports within the community, and Head Start has an extensive record of linking services, coordinating among agencies, and collaborating with a wide range of partners. But, most importantly, when community resources are not available—such as when there are no local dentists serving poor children or no translators to work with a family seeking social services—then Head Start is the program that ensures that children and families get what they need.

The federal performance standards require Head Start to collaborate with existing community-based service providers:

- Programs must take an active role in community planning, working to communicate and cooperate with agencies and community partners to improve the delivery of services to children and families.[lxxi]
- Programs are required to take steps to establish ongoing collaborative relationships with community organizations, often by developing forums, team meetings, and formal written agreements with community-based organizations.[lxxii]
- Standards require that programs develop relationships with:
  - Health care providers, such as clinics, physicians, and dentists;
  - Mental health providers;
  - Nutritional service providers;
  - Individuals and agencies that provide services to children with disabilities and their families;
  - Family preservation and support services;
  - Child protective services;

  - Local elementary schools and other educational and cultural institutions, such as libraries and museums;
  - Providers of child care services; and
  - Other organizations or businesses that may provide support and resources to families.[lxxiii]
- Programs are required to perform outreach to encourage participation from volunteers in the community.[lxxiv]
- Programs are mandated to make specific efforts to develop interagency agreements with local education agencies.[lxxv]

Head Start programs routinely reach out into the community to draw on the assets of the wider population, as well as to align Head Start services with existing services in the most efficient way possible:

> *In Blossburg, Pennsylvania, the Head Start program is an active partner in the County Partnership for Community Health. The Partnership collected two years of data about health issues in the county. Access to dental health services, especially for low-income families, was a problem identified in the surveys. In July 2003, the Partnership will open a dental clinic in collaboration with a local university dental school. They will treat any low-income child or adult, billing insurance when possible, but offering treatment regardless of the ability to pay. When the university team visited the county, nearly 100 Head Start children attended the clinic in the pilot stage of the program. While the Head Start program waits for the clinic to open, a Partnership-employed dental hygienist visits classrooms to provide dental education, dental cleanings, and fluoride treatments, using a portable dental office that comes right into the classrooms. Children who have never been to the dentist have been seen more than once. They leave for kindergarten with healthy teeth and better dental health habits.*

> *The KCMC Child Development Corporation, which operates Early Head Start, Head Start, and Community Partnership Programs in Missouri, collaborates with an expansive list of partners. They partner with the local public school districts, allowing KCMC to deliver Head Start programs on school district sites. These collaborations mean that KCMC is able to share facilities and provide joint training of Head Start and school district staff. In these school-based Head Start centers, Head Start children receive part-day and full-day services through the integration of Head Start and other early childhood classrooms. In these collaborations, the school district operates the Head Start program, while Head Start staff provide monitoring and technical assistance to ensure that the requirements in the performance standards are being met. In addition to working with local schools, KCMC has initiated two programs that bring Head Start and other child care providers together. One program, called New Start Child Care Partnership, provides full-day, year-round care to Head Start children. Another effort, called Full Start, leverages Head Start dollars to provide the full range of Head Start's comprehensive services to children in child care centers in neighborhoods where Head Start programs are not located.*

*According to one Head Start Director, "Obstacles to collaboration do not come from Head Start. Collaboration is often thwarted by under-funded potential partners or by state-imposed restrictions and regulations...Under-funded programs that already are struggling to provide child care, housing, emergency food services, health care, after-school and other educational programs are the ones experiencing even greater cuts in services and program quality. It is clear that states across the country are not moving forward to meet the needs of poor children and families. Instead, they are falling backwards."*[lxxvi]

*A tribal Early Head Start and Head Start program near Madison, Wisconsin, explained how they work to transition children to kindergarten. Each spring, Head Start staff meets with the kindergarten teachers to discuss the children who will be graduating from the program. They review each child and collectively decide the best classroom placement/ grouping for each child. Dates are then planned for each of the Head Start children to visit the kindergarten classrooms and spend time becoming familiar with the new environments, materials and staff.*

## Part II:
## STATES CANNOT KEEP THE PROMISE OF HEAD START

Congress has an obligation to continue to build on Head Start's successes. The Bush Administration's proposal to move Head Start from a federal-to-local, community-based program to a state-controlled program gambles the futures of the children who currently participate in Head Start. The Administration cites the "achievement gap" faced by Head Start children when compared with their higher income peers, but provides only empty rhetoric—not new investments or stronger requirements to improve quality—to help children overcome this gap. Further, there is no research-based evidence that state-funded preschool programs are more successful than Head Start in closing children's achievement gap.

States are unprepared to expand or improve upon Head Start's successful approach. Improving the quality of Head Start and expanding its enrollment within its current structure is the fastest and most efficient way to ensure that our poorest children enter school ready to succeed. Research shows that Head Start works. The performance standards and extensive monitoring ensure that children in Head Start get the quality services they need.

Giving Head Start to the states, without performance standards and without sufficient additional funding, as proposed by this administration, will not improve services for poor children and families. States are facing budget deficits of $70 billion to $85 billion for state fiscal year 2004, according to the Center on Budget and Policy Priorities (CBPP).[lxxvii] The deficit projections for fiscal year 2004 are in addition to at least $17.5 billion in new deficits that have developed in current year (state fiscal year 2003) budgets since those budgets were enacted.[lxxviii]

While Head Start has been working to provide quality prekindergarten programs to children for nearly 40 years, most states are newcomers to the provision of these services. Twenty-one states—nearly half of the states providing these programs—began their programs sometime during the last decade. States' current commitment to prekindergarten, at $2 billion, is merely a fraction of the federal contribution to early childhood programs. Although 45 states now invest in prekindergarten, the bulk of the funding is located in just 10 states and budget crises are unraveling states' existing commitment to early education.[lxxix] Unlike Head Start, the majority of state programs fail to provide programs that are comprehensive, of high quality and concerned about the cognitive, emotional and social development of children and their families. Only Georgia provides prekindergarten for all eligible children—and that program is only available to four-year-olds. The current fiscal environments in states, as well as states' historic under-investment in prekindergarten programs suggests that instead of improving and building on Head Start's success, states will be tempted to use Head Start dollars to fill in gaps in their own programs and spread dollars more thinly.

## STATES ARE WITHDRAWING INVESTMENTS IN EARLY CHILDHOOD PROGRAMS

States are facing enormous budget deficits of a size not seen since World War II. This is forcing them to make significant cuts in programs, especially those for low-income families. Data show that state discretionary spending declined from fiscal year 2001 to 2002, in inflation-adjusted terms, by 0.4 percent; it is projected to decline again from 2002 to 2003 by 0.9 percent based on budgets enacted last spring. Thirty-eight states cut spending in 2002, are projected to cut spending in 2003, or both.[lxxx] New data from the National Conference of State Legislatures (NCSL) shows that nearly every state has a deficit in their current fiscal year budgets. At least four states currently face budget deficits that are more than 20 percent of their general budget.[lxxxi] (See chart) These states need help fixing their budget gaps—and they are looking for federal funds to help fill these holes.

**Fiscal Year 2004 State Budget Gaps**

| | Gap Projected in Late January | | Current Estimated Gap | |
|---|---|---|---|---|
| State or Jurisdiction | Dollars in Millions | Percentage of General Fund Budget | Dollars in Millions | Percentage of General Fund Budget |
| Alabama* | (N/R) | (N/R) | (N/R) | (N/R) |
| Alaska* | $896.0 | 36.0% | $600.0 | 25.0% |
| Arizona | $1,500.0 | 25.0% | $1,500.0 | 25.0% |
| Arkansas | $0.0 | 0.0% | $0.0 | 0.0% |
| California* | $26,100.0 | 30.0% | $17,500.0 | 20.6% |
| Colorado | $398.0 | 6.5% | $869.0 | 15.0% |
| Connecticut* | $1,900.0 | 14.0% | $902.7 | 6.9% |
| Delaware* | $196.1 | 7.7% | $120.0 | 5.0% |
| Florida* | (N/R) | (N/R) | $0.0 | 0.0% |
| Georgia | $721.0 | 4.9% | $735.0 | 5.0% |
| Hawaii | $80.0 | 2.0% | $110.0 | 2.9% |
| Idaho | $160.0 | 8.8% | $160.0 | 8.8% |
| Illinois* | $3,500.0 | 13.2% | $3,600.0 | 13.6% |
| Indiana | (N/R) | (N/R) | $750.0 | 7.0% |
| Iowa* | $413.8 | 9.3% | $0.0 | 0.0% |
| Kansas* | $750.0 | 16.7% | $230.0 | 5.1% |
| Kentucky* | (N/R) | (N/R) | $0.0 | 0.0% |
| Louisiana | $600.0 | 8.5% | $600.0 | 8.5% |
| Maine* | $475.0 | 16.3% | $0.0 | 0.0% |
| Maryland* | $853.2 | 7.8% | $0.0 | 0.0% |
| Massachusetts* | $3,000.0 | 13.0% | $2,700.0 | 10.8% |
| Michigan* | $1,250.0 | 14.0% | $0.0 | 0.0% |
| Minnesota* | $2,367.0 | 15.0% | $2,375.7 | 15.5% |
| Mississippi* | (N/R) | (N/R) | $0.0 | 0.0% |
| Missouri | $1,000.0 | 15.0% | $700.0 | 10.5% |

| | | | | |
|---|---|---|---|---|
| Montana | $116.0 | 8.3% | $116.0 | 8.3% |
| Nebraska* | $350.0 | 13.0% | $380.0 | 13.6% |
| Nevada* | (N/R) | (N/R) | (N/R) | (N/R) |
| New Hampshire | $148.0 | 6.0% | $39.6 | 3.0% |
| New Jersey* | $4,600.0 | 18.5% | $0.0 | 0.0% |
| New Mexico | $0.0 | 0.0% | $0.0 | 0.0% |
| New York | $9,300.0 | 24.0% | $9,300.0 | 24.0% |
| North Carolina | $2,000.0 | 14.0% | $2,000.0 | 14.0% |
| North Dakota | (N/R) | (N/R) | $0.0 | 0.0% |
| Ohio* | (N/R) | (N/R) | $1,700.0 | 7.1% |
| Oklahoma | $299.8 | 6.7% | $275.9 | 5.3% |
| Oregon* | $576.0 | 10.7% | $850.0 | 17.0% |
| Pennsylvania | (N/R) | (N/R) | $0.0 | 0.0% |
| Rhode Island | $173.9 | 6.1% | $173.9 | 6.1% |
| South Carolina* | $400.0 | 7.5% | $400.0 | 7.5% |
| South Dakota | $54.2 | 5.9% | $0.0 | 0.0% |
| Tennessee* | (N/R) | (N/R) | (N/R) | (N/R) |
| Texas | $3,700.0 | 12.0% | $3,700.0 | 12.0% |
| Utah* | (N/R) | (N/R) | $0.0 | 0.0% |
| Vermont* | $30.0 | 3.4% | $0.0 | 0.0% |
| Virginia* | $1,100.0 | 8.8% | $0.0 | 0.0% |
| Washington* | $1,000.0 | 8.9% | $1,000.0 | 8.9% |
| West Virginia* | $200.0 | 6.0% | $0.0 | 0.0% |
| Wisconsin | $1,999.0 | 16.0% | (N/R) | (N/R) |
| Wyoming | $0.0 | 0.0% | $0.0 | 0.0% |
| District of Columbia | (N/R) | (N/R) | $143.0 | 4.0% |
| **Total** | **$68,707.0**** | | **$53,530.8** | |

**Key**: (N/A) = Not applicable
(N/R) = No response
** The original sum was $68.7 billion, but increased to $72.2 billion with the last-minute addition of Illinois' $3.5 billion gap.
**Source**: National Conference of State Legislatures survey of legislative fiscal offices, April 2003.

**Notes**:
Puerto Rico did not respond to this survey.
**Alabama**—The governor has not yet presented the revenue portion of the FY 2004 budget.
**Alaska**—Use of one-time sources may cause the gap to be smaller than $600 million.
**California**—The budget gap figures provided at the end of January were based on the governor's estimate. The Legislative Analyst's Office later provided its own figure, estimating the highest gap at $18 billion. For the purposes of this table, the governor's estimate is used to depict the highest projected gap. The figure shown for the current estimated gap in FY 2004 was provided by the Legislative Analyst's Office.
**Connecticut**—PA 03-2 (HB 6495) was passed to help mitigate the FY 2003 deficit. The roll-out effect of this legislation also reduces the projected FY 2004 budget gap.
**Delaware**—The governor's proposed budget includes $145 million in revenue enhancements.
**Florida**—Projected revenues are sufficient to meet current services and Medicaid workload.
**Illinois**—The governor introduced his budget on April 9. He stated that the deficit over the two years would have been $5.186 billion. He has called for deficit reduction initiatives of $929 million in FY 2003 and $4.451 billion in FY 2004.
**Iowa**—The budget is close to enactment.

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**Kansas**—The appropriation bill is awaiting the governor's signature, and the Omnibus session was scheduled to begin April 30, 2003.
**Kentucky**—The budget was adopted March 23, 2003, and was balanced by a number of actions.
**Maine**—The 2004-2005 biennial current services budget bills were enacted in late March and early April. Due to the March 2003 revenue revision, approximately $25 million per year is left "unspecified" as a statewide general fund curtailment of expenditures, absent future action of the Legislature. The "new and expanded" budget bill will be the vehicle to address those unspecified reductions. The new budget proposal should be available by late April.
**Maryland**—The budget, as enacted, estimates a $34 million closing FY 2004 fund balance, although there is a shortfall between operating revenues and expenses of $321.2 million due to the use of one-time transfers to balance the budget. Note that the gap technically rose above the prior amount because of a revenue write-down of $116.9 million in March 2003, but it was offset by withdrawn spending of $179.7 in general fund debt service through a supplemental budget and $20.8 million withdrawn by the governor in February 2003.
**Massachusetts**—The $2.7 billion figure was the administration's estimate in February of the preliminary gap between maintenance spending and revenue. That gap now may be closer to $2 billion to $2.5 billion as a result of cuts made to spending in FY 2003 that have annualized FY 2004 savings.
**Michigan**—Governor Granholm presented a balanced budget proposal to the Legislature on March 6, 2003. If the Legislature passes the governor's budget as presented and the revenue estimates do not change, the FY 2004 budget is balanced.
**Minnesota**—The budget gap in the February forecast increased only slightly (by $9 million).
**Mississippi**—The Legislature has passed the budget, but the governor had not signed the bills as of April 9.
**Nebraska**—This budget gap is an artificial calculation, approximating one-half of a projected biennial gap. The gap is cumulative, including the prior year gap and the next two years of the budget biennium under consideration, which ends June 30, 2005.
**Nevada**— The FY 2004 budget will not be finalized until June 2003. However, projections of current revenue sources in FY 2004 (next fiscal year) will be insufficient to support ongoing appropriations in FY 2003 (this fiscal year).
**New Jersey**—The governor's FY 2004 budget proposal would close the gap with a combination of spending and revenue measures. Many of the latter are dependent upon separate legislative enactments and the receipt of certain federal funds. Therefore, no gap exists on paper at this point in time. The governor's budget anticipates a $253 million (1.1%) surplus. Legislative fiscal estimates for FY 2003 and FY 2004 are $240 million lower than the executive estimate, leaving almost no surplus.
**Ohio**—The governor's FY 2004 budget proposal included approximately $1,392 billion in revenue enhancements. According to testimony presented by the director of Budget and Management to the House Finance and Appropriations Committee, the $1 billion in cuts made during the past several years—which reduced many state programs and services—were carried through into the budget proposal for the 2004-2005 biennium. The budget gap estimates have ranged from $1.4 billion to $2 billion (5.8% to 8.3%). For the purposes of this table, the mid-point figure was used.
**Oregon**—The March 2003 forecast projected an additional $468 million decrease in revenue available for Oregon's 2003-2005 biennium; total general fund revenue is now projected at $10.4 billion, or approximately 3%, above levels received in 1999-2001.
**Pennsylvania**—The new governor (Democrat) decided to introduce his budget in two phases: Part I was an austere budget with significant cuts that was introduced March 4 in accordance with state law; Part II was introduced March 25, and contained new spending initiatives. Before the governor could introduce Part II of his overall budget, however, the General Assembly (Republican) quickly passed Part I on March 10 without hearings or debate. As a result, the enacted budget does not include education funding, which currently is under consideration as a separate budget proposal.
**South Carolina**—A precise number for the current FY 2004 gap is unavailable, but it is roughly in the 8% to 9% range.
**Tennessee**—The governor has presented a balanced budget.
**Utah**—The FY 2004 budget currently is balanced.
**Vermont**—The deficit ranges from zero to $10 million (1.1%). It is lower than the original estimate because the House and Senate are spending less than anticipated in their FY 2004 budget proposals.
**Virginia**— The FY 2004 gap was addressed in 2003 legislative action.
**Washington**—The budget shortfall discussed here is based on the differences between projected current services spending and estimated revenues. It does not include other budget-related expenses such as salary increases, increased health benefit

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Expenditures or other policy enhancements. If these were added in, the FY 2004 budget shortfall would increase to about $1.5 billion, or roughly 12%.

**West Virginia**—The FY 2004 budget was balanced as of the March 2003 passage of the budget bill due to increasing cigarette taxes. The budget gap that had to be closed ranged from $250 million to $280 million largely due to Medicaid expenses.

**Wisconsin**— The Joint Committee on Finance is just about to begin executive actions on the governor's 2003-2005 biennial budget. The status of FY 2003 revenue collections and current 2003-2005 estimates will be reviewed again in May 2003.

- One solution has been to cut funding for child care, early education, and school-age programs. In 2002, 10 states, including Hawaii, Maine, Massachusetts, Missouri, Montana, New York, North Carolina, Ohio, South Carolina, and Virginia, reported cuts in state investments in prekindergarten programs.[lxxxii] Prekindergarten cuts in these and other states include:

- In Massachusetts, the proposed budget includes a $10 million cut to the Massachusetts Community Partnerships prekindergarten program, on top of significant cuts in the previous two years. Overall, the program has been cut by $40 million—35 percent—over the last three years.
- A state-funded early childhood program for at-risk children in Tennessee could see 60 percent of its classrooms eliminated—a total of 90 classrooms—if additional funding is not found by next fall. About $9 million in federal funding through the TANF block grant may no longer be available for the program after this summer.
- **Ohio, which had allocated enough state funds to provide nearly universal access to Head Start programs for all eligible three- and four-year-olds, is in the process of replacing all state dollars with TANF funds, as well as decreasing the overall budget for the state-funded portion of Head Start. At the end of June 2003, the legislature passed a proposal to cut 36 percent from state funding for Head Start. These choices could place children who need Head Start in an extremely precarious situation if more TANF funds are necessary for basic cash assistance and fewer surplus TANF funds are available for other supports for families. If Ohio cannot find new state funds for Head Start, it will have to reduce the number of children served or decrease spending in other areas supported by TANF funds including child care. A projected $50 million shortfall in the child care budget in fiscal year 2003 could further affect the Head Start program, as the state examines different ways to fill the budget gap.**
- In 1997, Connecticut created the School Readiness Initiative to make prekindergarten available. Funds have been frozen since the program's inception, yet operating costs have increased each year for School Readiness programs. Program budgets have become stretched beyond their capacity to meet the costs of even basic operations. In order to implement a planned increase in the per child reimbursement rate, even fewer children will have access to the prekindergarten program, as no new resources are available for the program. Currently, the initiative only reaches three out of five children. In the 17 priority districts alone—the largest cities or school districts with the most economically or educationally disadvantaged students—there are 15,000 children waiting to get into prekindergarten. In addition, the state-funded Head Start program has not received any increase in funding in 15 years, and the program was cut by 10 percent over the last two

years. At the same time, the cost of recruiting and retaining trained and qualified staff, paying rent, and providing materials have all increased significantly.

- In Wisconsin, state support for the prekindergarten program (known as Four-Year-Old Kindergarten) was reduced by 50 percent. Because of the way the program is structured, this could result in the elimination of most prekindergarten programs.
- Nebraska cut funding for its prekindergarten program by 10 percent, which will result in fewer children being served.
- Colorado has cut funding for the Colorado Preschool Project by $4.7 million, or 15 percent, for 2004. The number of children served will decrease by nearly 1,900 next year.

Prekindergarten programs are not the only programs being cut. Other programs that serve low-income children and their families and provide access to early education programs are also being reduced or eliminated in many states. Child care assistance programs in particular, which help low-income families afford the child care they need in order to go to work, are being cut drastically. A report by the General Accounting Office (GAO), released in May 2003, found that 23 states have made changes to their child care assistance programs that limited the availability of assistance for low-income families. Since 2000, 22 states have lowered eligibility as a percent of state median income, making it more difficult for low-income families to get the help they need.[lxxxiii] The GAO report also analyzed proposed budgets for fiscal year 2004, and found that 11 states are planning to cut funding for these programs.[lxxxiv]

A report by the Center on Budget and Policy Priorities found that 32 states, including Alabama, Alaska, Arizona, California, Colorado, Connecticut, the District of Columbia, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Washington, and Wisconsin, had made cuts in their child care programs for low-income families.[lxxxv] (See chart in appendix for details.) These cuts will have real implications for families:

- Recent cuts in Ohio will mean that 18,500 children will lose their child care assistance by September 2003 to help the state save $268 million during the 2004 to 2005 biennium.
- In Connecticut, the proposed budget for the next three years would cut $40 million from child care assistance programs; 30,000 children will lose the help they currently receive.
- In Maryland, the fiscal year 2004 budget proposes a 23 percent reduction in child care services funding. Funding for child care assistance to low-income families would be reduced from $134 million to $109 million. As of January 15, 2003, only families who are or have been on welfare within the past year will be able to receive assistance.
- In Minnesota, the child care programs have been cut by $86 million. The reduction will be achieved through lowering income eligibility to 175 percent of federal poverty, increasing family copayments by 57 percent, freezing or reducing reimbursement rates for providers, and eliminating bonuses to caregivers who provide higher quality care.

## STATES LAG BEHIND IN SUPPORTING COMPREHENSIVE PROGRAM STANDARDS

The Head Start Performance Standards are designed to address the full range of developmental needs faced by young children. Head Start centers create programs that support the development of cognitive and language skills, are designed to include children with disabilities, include a teacher-child ratio of 1 to 10 or better for four-year-olds, and require extensive involvement of parents in the classroom.[lxxxvi] The quality of Head Start classrooms has been found to be superior to the quality of classrooms serving preschool-aged children in six other national studies.[lxxxvii] In contrast, state prekindergarten programs generally do little to provide the quality, comprehensive services low-income children and their families need, with few program standards, varied teacher training requirements, and poor staff-child ratios and class size requirements. There is currently no research that demonstrates that state-funded preschool programs do a better job than Head Start in achieving positive outcomes for children.

Even states that have a reputation of providing a well-coordinated, comprehensive program face a number of issues that are not addressed in the Administration's proposal. Giving control of Head Start to even these states will not remedy the states' challenges in meeting the needs of low-income children. For example:

- Washington State's Early Childhood Education and Assistance Program (ECEAP) provides high quality, comprehensive services directed primarily to four-year-olds at or below 110 percent of poverty. Programs at the local level collaborate extensively with community programs, with many of the ECEAP services provided in schools, child care programs, as well as Head Start programs. Although ECEAP's program standards are similar to those of Head Start, there are some significant differences: ECEAP requires only 10 child class hours per week, while Head Start requires 14, which means children spend 40 percent less time in the classroom. ECEAP does not require four home visits or conferences by teachers as does Head Start. ECEAP also does not require that programs set aside 10 percent of their slots for children with disabilities.

  Local programs struggle to cover the costs of the services they currently provide. In the past year, salaries for ECEAP teachers in many programs have stagnated much more than in Head Start, which has national requirements and funding for salary increases. Washington state decided to reduce the number of ECEAP slots by 1,100 children in order to help programs cover the costs of providing comprehensive services. Washington state program directors know that the prospect of managing Head Start funds without additional funding will leave them with the same struggles currently faced by ECEAP providers: the challenge of providing high quality, comprehensive services to a growing population of children in need.

- Ohio has worked since 1990 to expand the Head Start program to serve more children. Using the Head Start performance standards, the state contracted with existing Head Start grantees so that by 2001, the coordinated state and federal effort provided services to over 56,000 children. However, in the 2002-2003 biennium, the state shifted 88 percent ($173 million in the biennium) of the state funding out of Head Start, supplanting state funds with

federal TANF dollars. This has created barriers for programs trying to create a seamless system. For example, TANF funding restrictions prohibit the state-funded portion of Ohio's Head Start program from serving foster care children and homeless children, children automatically eligible under the federal program. Further, the state determined that any state funds in Head Start would have the same restrictions as the TANF funds, thus prohibiting expenditures on mandated health services, mental health services and certain services to children with disabilities. In June, 2003 the Ohio legislature passed a 36 percent funding cut in the state's contribution to Head Start which resulted in the elimination of services to over 6,000 children.

While the Administration maintains that state prekindergarten program standards meet or exceed the expectations in the Head Start performance standards, the evidence suggests otherwise. In fact, state prekindergarten programs fall far short of the standards and requirements established and maintained by Head Start. An extensive study of state-funded prekindergarten programs found that the programs show significant variability in scope and quality, often with no relationship to the needs of children and families in the state or to the available resources. The analysis also found that state-funded programs tend to be quite weak in the provision of comprehensive services. [lxxxviii] If states currently fall short in providing high quality, comprehensive services for young children, how will they ensure that children are getting what they need to succeed when there are no significant new investments in the program?

State prekindergarten standards vary enormously in the degree to which they address the components necessary to ensure a high quality early education experience. They may be based on early childhood standards such as Head Start Performance Standards, accreditation guidelines, which provide exemplary models for high quality programs, or on child care licensing standards and school codes, which often do not address more than basic health and safety concerns.[lxxxix]

Fourteen states do not establish any requirements or offer any encouragement for programs to provide comprehensive services. [xc] While other states do have such requirements, only five of the eight service areas mandated in the Head Start Performance Standards are mandated by even half of state-funded prekindergarten programs.[xci] Even when they plan to include these services, it is often difficult for state prekindergarten programs to provide these resources due to lack of funding and other obstacles. One study found that in at least 22 states, a primary barrier to programs in providing comprehensive services is the overall lack of resources and funding. The study also found that even when funding is available, some programs—particularly those located in rural areas—are not able to provide services because their communities face shortages of medical or social services, or transportation is inadequate to get families to the services they need.[xcii]

While a few states have used the Head Start Performance Standards in designing their prekindergarten standards, eleven state prekindergarten initiatives have much more limited requirements, often consisting primarily of child care licensing requirements and/or school codes, with perhaps only a few additional requirements. In some states, these standards require certain settings to comply with regulations that they would not have to otherwise meet—for example, by necessitating that public schools hosting prekindergarten programs meet child care

licensing standards. Still, using child care licensing standards or school codes alone does not provide adequate assurances that children will receive a quality prekindergarten experience.

The Head Start Performance Standards provide a comprehensive set of requirements for programs to follow to ensure that the full array of developmental needs of children are met. For example, within 90 days of entry, Head Start staff must help parents find a regular health care provider, and then assist them as they obtain immunizations; well child care; screenings for health, vision, hearing, and behavioral problems; and regular preventive dental care. Staff monitor and involve parents in all follow-up services.[xciii] Head Start also provides for emergency procedures at the centers to protect children's health and safety, and offers nourishing meals as well as child nutrition assessment and planning with parents.[xciv] State prekindergarten initiatives fall far short of these high standards—58 percent of state programs do not assure dental care, 36 percent do not assure immunizations, and 42 percent do not assure vision and hearing tests.[xcv]

Head Start also assures families access to social services and mental health services, through individualized plans for each family to access community resources such as food, housing, clothing, transportation, job training, and education.[xcvi] Mental health services must include identification of mental health problems, and ongoing staff and parent education on mental health issues through regular on-site consultation provided by qualified mental health professionals.[xcvii] Again, states lag behind—85 percent do not assure on-site family caseworkers for social services and 45 percent do not assure any mental health services.[xcviii]

Clearly, states have little commitment to the quality, comprehensive services that children need in order to learn and succeed. Rather than investing in children and protecting the performance standards by requiring states to adopt them, the Administration proposal eliminates the performance standards, allowing each state to create its own standards.

## STATES FALL SHORT IN SUPPORTING TEACHER CREDENTIALS AND TRAINING

Research has clearly shown that positive outcomes for children are strongly linked to the qualifications and training of teaching staff. Yet states have not demonstrated a commitment to strong teacher credentialing or training requirements in their programs for young children. Although the National Research Council and research by the National Institute of Child Health and Human Development supports the need for college educated providers,[xcix] 30 states allow teachers in child care centers to begin working with children without receiving *any* training in early childhood development.[c] A policy brief by the National Institute for Early Education Research noted that "[t]he nation has yet to fully appreciate the importance of high standards for preschool teacher knowledge and expertise, as it does for K-12 teachers. This is evident in the minimal requirements for early childhood teachers in Head Start and many state preschool and child care programs. Early childhood teacher qualifications are low relative to other professions and have not been improving over time."[ci] Nearly half of the states do not require prekindergarten teachers to be graduates of a four-year college.[cii] (See attached chart.) Georgia, the only state with universally available prekindergarten for four-year-olds, has yet to fully implement a requirement that teachers hold a two-year degree.[ciii]

## *Teacher Credential and Training Requirements*

| State | Pre-K Teachers* | Head Start* | Child Care** | |
|---|---|---|---|---|
| | Minimum Degree Requirement[1] | Minimum Degree Requirement[4] | Pre-service training required?[5] | In-service training required?[5] |
| Alabama | AA in early childhood or related field | CDA | Yes | Yes |
| Alaska | | CDA | No | Yes |
| Arizona | CDA | CDA | No | Yes |
| Arkansas | BA in early childhood | CDA | No | Yes |
| California | 24 Credits in early childhood | CDA | Yes | No |
| Colorado | CDA | CDA | No | Yes |
| Connecticut | CDA | CDA | No | Yes |
| Delaware | CDA | CDA | Yes | Yes |
| District of Columbia | BA | CDA | Yes | No |
| Florida | CDA | CDA | Yes | Yes |
| Georgia | AA in child development | CDA | Yes | Yes |
| Hawaii | | CDA | Yes | No |
| Idaho | | CDA | No | Yes |
| Illinois | BA in early childhood | CDA | Yes | Yes |
| Indiana | | CDA | No | Yes |
| Iowa | CDA[2] | CDA | No | Yes |
| Kansas | BA in early childhood | CDA | Yes | Yes |
| Kentucky | CDA[3] | CDA | No | Yes |
| Louisiana | BA | CDA | No | No |
| Maine | BA | CDA | No | Yes |
| Maryland | BA in early childhood | CDA | Yes | Yes |
| Massachusetts | CDA[2] | CDA | Yes | Yes |
| Michigan | BA | CDA | No | No |
| Minnesota | BA | CDA | Yes | Yes |
| Mississippi | | CDA | No | Yes |
| Missouri | CDA | CDA | No | Yes |
| Montana | | CDA | Yes | No |
| Nebraska | BA | CDA | No | Yes |
| Nevada | BA | CDA | Yes | Yes |
| New Hampshire | | CDA | Yes | Yes |
| New Jersey | BA | CDA | Yes | Yes |
| New Mexico | | CDA | No | Yes |

| State | Pre-K Teachers* | Head Start* | Child Care** | |
|---|---|---|---|---|
| New York | BA | CDA | No | Yes |
| North Carolina | AA in early childhood | CDA | No | Yes |
| North Dakota | | CDA | No | Yes |
| Ohio | AA by 2008 | CDA | No | Yes |
| Oklahoma | BA in early childhood | CDA | No | Yes |
| Oregon | CDA | CDA | No | Yes |
| Pennsylvania | BA in early childhood | CDA | No | Yes |
| Rhode Island | BA in early childhood | CDA | Yes | Yes |
| South Carolina | BA in early childhood | CDA | No | Yes |
| South Dakota | | CDA | No | Yes |
| Tennessee | BA in early childhood | CDA | No | Yes |
| Texas | BA in early childhood | CDA | Yes | Yes |
| Utah | | CDA | No | Yes |
| Vermont | CDA[2] | CDA | Yes | Yes |
| Virginia | CDA | CDA | No | Yes |
| Washington | AA in early childhood or child development | CDA | Yes | Yes |
| West Virginia | BA | CDA | No | Yes |
| Wisconsin | BA | CDA | Yes | Yes |
| Wyoming | | CDA | No | Yes |

* *Source*: "Early Learning: State Policies." (January 10, 2002). *Education Week*. Vol. XXI, No. 17.
** *Source*: Ewen, D. and Hart, K. (2003). *State Developments in Child Care, Early Education, and School-Age Care 2002*. Washington, DC: Children's Defense Fund.
[1] CDA = Child Development Associate credential awarded by the Council for Early Childhood Professional Recognition. Data were not collected for states that do not have a state-financed pre-K program.
[2] In public school settings, pre-K teachers must have a BA in early childhood. In child-care settings, a CDA is the minimum requirement.
[3] Beginning in fall 2002, Kentucky pre-K teachers must obtain a BA with birth-K certification.
[4] By 2003, at least 50 percent of teachers in Head Start will be required to have at least an Associate's degree.
[5] If a state's training requirements can be fulfilled by training that is not specific to early childhood care and education (such as first aid/CPR), it is reported as "No."

Most states with prekindergarten initiatives do appear to recognize the importance of some educational preparation and set some minimum requirements for formal training or work experience for lead teachers in prekindergarten programs. However, the content of the requirements for teacher credentialing and training varies greatly among states. Thirty-seven state initiatives do not require prekindergarten teachers to have teacher certification, but do require attainment of certain education credentials indicating a background in early childhood development. Five states require that teachers have some educational background and/or experience in early childhood education, but do not require them to have specific credentials.[civ] Most states also require that teachers receive ongoing training once they begin teaching.

States also differ in the extent to which they provide financial assistance to enable teachers to attain necessary credentials and fulfill training requirements. Currently, 22 states have adopted

T.E.A.C.H.®, a program that gives providers scholarships to help them get additional education and training to improve the quality of their programs. Twelve states have invested in initiatives designed to increase compensation for providers who meet certain requirements for experience and training. Unfortunately, state funding crises in a number of states threaten these limited investments. For example, in Wisconsin, a legislative proposal will reduce the scholarship and compensation program by 47 percent. While the Administration proposal uses rhetoric in support of Bachelor's degrees for teachers in prekindergarten classrooms, there is no funding available to help teachers gain these degrees or to adequately compensate them once they have attained the higher degree.

## STATES HAVE MADE LIMITED PROGRESS ON ESTABLISHING EARLY LEARNING STANDARDS

A new report from SERVE extensively analyzed state-based "expectations for what children should know and be able to do prior to entering kindergarten."[cv] The report found that only 27 states have such standards, and these standards show an enormous amount of variation in whether the full range of developmental needs of young children are addressed, as they are in the Head Start Performance Standards. The study examined specifically whether the five dimensions of readiness defined by the National Education Goals Panel (physical health, cognition, approaches to learning, social/emotional and language) were included in the state standards. (See chart) While nearly every state addressed language and cognition, only 19 states placed any emphasis on the social/emotional domain.

**National Education Goals Panel Developmental Domains Included in CBO Standards**

| State | Physical Health | Cognition | Approaches to Learning | Social/ Emotional | Language |
|---|---|---|---|---|---|
| Arkansas | X | X | X | X | X |
| California | X | X | X | X | X |
| Colorado | | X | | | X |
| Connecticut | X | X | | X | X |
| Florida | X | X | X | X | X |
| Georgia | X | X | | X | X |
| Illinois | X | X | | X | X |
| Louisiana | X | X | | X | X |
| Maine—[cvi]Learning Results | X | X | | | X |
| Maine—Early Learning Results | X | IP | | X | X |
| Maryland | | X | | | X |
| Massachusetts | | X | | | X |
| Michigan | X | X | | X | X |
| Minnesota | X | X | X | X | X |
| Mississippi | X | X | | X | X |

| | | | | | |
|---|---|---|---|---|---|
| Missouri | IP | IP | IP | IP | X |
| New Jersey | X | X | | X | X |
| New Mexico | X | X | | X | X |
| New York | | X | | | X |
| Ohio | | X | | | X |
| Oklahoma | X | X | X | X | X |
| Pennsylvania | | X | | | X |
| Rhode Island | X | X | X | X | X |
| South Carolina | | X | | | IP |
| Texas | X | X | | X | X |
| Utah | X | X | | X | X |
| Vermont | X | X | X | X | X |
| Washington[cvii]—ECEAP | X | X | | X | X |
| Washington—OSPI | | X | | | X |
| **Totals** | **20** | **27** | **7** | **19** | **28** |

Source: C. Scott-Little, S.L. Kagan, and V. S. Frelow. (2003). *Standards for Preschool Children's Learning and Development: Who Has Standards, How Were They Developed, and How Are They Used?* Greensboro, NC: SERVE.

Note: IP = In Process (At time of the interview, the state was actively working on CBO standards addressing this domain.)

The SERVE study also examined the degree to which the state standards are linked with K-12 standards. Fully 25 percent of the states were determined to have standards that were only minimally linked with their own state K-12 standards, including Connecticut, Maine, Minnesota, New Mexico, Oklahoma, Utah and Washington. (See chart)

**Degree that Early Learning Standards are Linked to K-12 Standards**

| State | Direct Linkage | Moderate Linkage | Minimal Linkage |
|---|---|---|---|
| Arkansas | | X | |
| California | | X | |
| Colorado | X | | |
| Connecticut | | | X |
| Florida | X* | | |
| Georgia | | X | |
| Illinois | X | | |
| Louisiana | X* | | |
| Maine—Learning Results | X | | |
| Maine—Early Learning Results | | | X |
| Maryland | X | | |
| Massachusetts | X | | |
| Michigan | X | | |
| Minnesota | | | X |
| Mississippi | | X | |
| Missouri | | X | |

| | | | |
|---|---|---|---|
| New Jersey | X* | | |
| New Mexico | | | X |
| New York | X | | |
| Ohio | X | | |
| Oklahoma | | | X |
| Pennsylvania | X | | |
| Rhode Island | | X | |
| South Carolina | X | | |
| Texas | | X | |
| Utah | | | X |
| Vermont | X | | |
| Washington[106]—ECEAP | | | X |
| Washington—OSPI | X | | |
| **Total** | **15** | **7** | **7** |

Source: C. Scott-Little, S.L. Kagan, and V. S. Frelow. (2003). *Standards for Preschool Children's Learning and Development: Who Has Standards, How Were They Developed, and How Are They Used?* Greensboro, NC: SERVE.

(* Includes reference number for K-12 standards rather than actual standards themselves.)

The report also includes a number of recommendations that are critical to understanding the emerging emphasis on school readiness standards. They include:

- The development of a national panel to address the relationship between universal standards and the unique needs of limited numbers of young children.
- Include in the development of standards all five dimensions of readiness.
- In developing standards, states must include key stakeholders with sufficient expertise, have clear intentions, allow sufficient time and devote adequate resources to support the process of creating the standards.
- Classroom staff must receive adequate support to implement the standards, in the form of mentoring, workshops, and pre- and in-service training, and must receive support to effectively communicate information about the standards to parents.

No state has yet created a system of standards in which they do all of these things well. Only Colorado, for instance, requires that technical assistance and support be included when standards are disseminated to classroom staff. In contrast, Head Start staff receive regular training and technical assistance on all areas of the Performance Standards, including those related to what children are learning.

## THE BUSH ADMINISTRATION WANTS TO REQUIRE MORE OF STATES WHILE PASSING THE BUCK

The President vowed to make educating every child a number one priority, but followed with a 2003 budget that proposed the smallest increase in education in seven years. This year's budget for Title I, the largest source of federal aid to disadvantaged youth and the President's

centerpiece of education reform, falls $6.15 billion short of what was planned under the President's own education bill, the No Child Left Behind Act of 2001. The 2004 proposed budget for the Department of Education also cuts funds for state and local teacher quality programs, despite the fact that improving the quality of teachers is perhaps the single most important factor in closing the achievement gap between low- and high-income children.

This year's budget makes similarly empty promises to young children. It barely increases funding for Head Start to cover higher costs, cuts child care assistance for at least 200,000 children over five years while increasing work requirements for poor mothers, and strips basic health protections for millions of children. All during the worst fiscal crisis for states in over 50 years. *How does this budget help children get ready for school?*

The Administration's proposal for Head Start is similarly empty. Head Start has been proven to help children become ready for school due to the comprehensive services available to children and families. While Head Start addresses the range of developmental needs faced by young children, the Bush proposal addresses only one need: to dismantle a program that works. The proposal includes no guarantee that strong performance standards and accountability measures would be maintained if states took control of Head Start.

As states try to meet the enormous demands of K-12 education reform without adequate resources, they may be tempted to focus their early education programs on narrow academic measures that do not truly represent what children need in order to enter school ready to learn. The Administration's proposal for Head Start includes no accountability measures, allowing states to eliminate the protections that have enabled 20 million children to flourish through Head Start.

Head Start has achieved a generally high level of quality—a study found that the average quality rating of Head Start programs was higher than that of other early care and education programs. But without federal performance standards, there would be no guarantees that this level of quality would be maintained.

Turning Head Start over to the states without adequate resources and protections will mean that Head Start will go the same way as the President's K-12 education reform bill—states will be asked to come up with resources they don't have to do the job while the federal government passes the buck.

## CONCLUSIONS

Our nation has high expectations for young children and wants to see Head Start improved and expanded to help children reach their full potential. Congress should be fully funding Head Start so that all eligible children are reached, expanding Early Head Start to help our poorest infants and toddlers, and ensuring that Head Start teachers are the very best by requiring that they have Bachelor's degrees in early childhood.

The Bush proposal takes us backwards by removing federal requirements for trained teachers, high quality comprehensive services, and a mission to ensure parents are fully involved in helping their children prepare for school. State flexibility and coordination are the Administration's code words for "cut." If we were serious about ensuring that children get ready for school, we would not be diverting energy away from the efforts to strengthen Head Start. The budget for Head Start indicates that little additional help will be forthcoming from Washington. The federal government will have abandoned its commitment to helping our poorest children get ready for school and left states holding the bag without the resources necessary to do the job.

## Appendix: Cuts in Child Care Funding

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| Alabama | Funding Reductions<br>The state reduced state spending on child care in 2002 and 2003, resulting in substantial losses in federal matching funds.<br>• In 2001, Alabama needed to spend $8.6 million in state funds in order to draw down their full allotment of federal child care matching funds, but it spent just $3.9 million in state matching funds, down from $5.8 million in 2000, and, as a result, lost some $11 million in federal matching funds.<br>• In 2002, the state reduced state matching funds to just $2.56 million, and lost some $17 million in federal matching funds.<br>• In 2003, the state eliminated all state matching funds and lost $21million in federal matching funds.<br>In 2002 and 2003, the state was able to "fill in" with TANF funds, thereby averting a substantial decline in the overall child care budget. Child care provider costs increased, however, and the state was forced to freeze placements. If the agency receives a supplemental appropriation this year, it will draw down some of its federal matching funds. In 2004, the state is projecting that it will need to scale back TANF funding of child care substantially because reserves have dwindled.<br>Eligibility Restriction<br>In October 2002, the state froze slots for working families in the child care assistance program. This change affected families that were not welfare recipients or recent departees from welfare. |
| Alaska | Possible Funding Reduction<br>Because Alaska's reserves of unspent TANF direct and TANF transfer balances will run out by the end of this fiscal year, the amount of available TANF financing for child care spending could drop by $3 million in State Fiscal Year (SFY) 2004. |
| Arizona | Eligibility Restriction<br>March 2003<br>• Froze new enrollment in the child care subsidy program except for current TANF recipients and families leaving welfare for work.<br>Provider Reimbursement<br>SFY 2003:<br>• Repealed an adjustment to child care subsidy amounts that had been designed to ensure that reimbursement rates kept pace with the cost of child care. The reimbursement increase would have cost $22 million in TANF and federal child care funds.<br>After-School Program<br>SFY 2003:<br>• Eliminated a $4 million TANF-funded after-school program before the program was implemented. (The money had been allocated in SFY 2002.)<br>SFY 2004 Budget Proposals<br>Governor's Budget Proposal: |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| | The Governor's proposal would reduce the amount of TANF funds that are transferred to the Child Care Development Fund (CCDF) by $39.5 million, but these amounts would be replaced by state general funds, resulting in no actual decrease in the funding for these programs. |
| Arizona Cont. | Budget Proposal – Legislative Leaders (already passed the House):<br>The legislative proposal would reduce child care funding by $60 million below the Governor's budget proposal. An estimated 18,000 fewer children would receive child care subsidies under the legislative proposal than under the Governor's proposal. The proposal would:<br>• Reduce the income eligibility level for child care subsidies from 165 percent to 110 percent of the Federal poverty line.<br>• Increase the co-payments families must make by 50 percent. A family with two children in care and income at the federal poverty line would pay more than $1,800 per year in child care co-payments.<br>Reduce provider reimbursement rates by almost seven percent. |
| California | Governor's Proposed SFY 2004 Budget<br>The Governor's revised May budget proposal calls for $216 million in child care cuts to be achieved through:<br>• Changes in the Regional Market Rate regulations, which govern provider payments.<br>• Lowering the reimbursement rate ceiling.<br>• Eliminating services to 13-year-olds and to children in families that meet prior income<br>eligibility limits but do not meet current limits.<br>• Implementing family fees for families with incomes above 40 percent of the state median income (SMI), rather than the current threshold of 50 percent of the SMI. |
| Colorado | Counties Adopt Various Child Care Cuts<br>Due to a welfare caseload increase of 16 percent in 2002, TANF dollars that had been transferred to child care are now being spent on cash assistance. In Colorado, counties have the discretion to determine child care policies, and many have decided to lower income eligibility requirements for child care subsidies to address budget shortfalls. For example:<br>• Jefferson County, which experienced a 26 percent increase in the cash assistance caseload during SFY 2002, decreased the income eligibility level for child care twice in 2002. The county first decreased the rate from 180 percent to 150 percent of the federal poverty line, then later decreased it again to 130 percent of the federal poverty line, which is the lowest rate in the state. This means that a family of three with an income between $18,550 and $25,685 is no longer eligible for child care subsidies. As a result, about 800 families lost child care assistance, and at least one child care facility closed.<br>• In Pueblo County, the income eligibility level for a family of four dropped by |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| | $5,500, which resulted in a loss of assistance for almost 6.5 percent of eligible families. Other counties have implemented cost-cutting measures without reducing income eligibility limits such as freezing enrollment–which eight counties have done–and cutting child care provider reimbursements. Some counties have eliminated education as an activity that qualifies for child care assistance. |
| Connecticut | Eligibility Restrictions<br>SFY 2002:<br>Closed the child care subsidy program to new applicants in June 2002. It was briefly reopened with federal bonus funds, but the program closed to new applicants again in August 2002.<br>Governor's Proposed 2004-2005 Budget:<br>Reduces state spending on child care subsidies by 20 percent over the next two years, from<br>$106 million in SFY 2003 to $90 million in SFY 2004 and $84.5 million for SFY 2005. The<br>state would achieve these savings by continuing to freeze enrollment for low-income working families and setting new restrictions on eligibility. Among parents leaving welfare, eligibility would be limited to households earning 55 percent or less of the state median household income, down from the prior limit of 75 percent of median income. The state expects about 10,000 fewer children to be served by SFY 2005 because of these restrictions. There are currently more than 5,000 families on the waiting list for child care subsidies.<br>Increased Co-Payments<br>SFY 2002:<br>• Began requiring TANF cash assistance recipients to make child care co-payments (January 2002). |
| District of Columbia | Eligibility Restrictions<br>SFY 2002:<br>Established a waiting list for low-income working families who were not receiving certain welfare benefits. In total, funding for 2,000 child care slots was cut. As of May 2003, there were 1,150 children on the waiting list.<br><br>FY 2004 Proposal |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| | The city is proposing to reduce the income-eligibility limit for child care subsidies from 250 percent to 200 percent of the federal poverty level, which is expected to affect approximately 650 children initially.<br><br>Quality Investments<br>SFY 2002:<br>Reduced spending on professional development and supply expansion activities by $3 million, or 53 percent.<br><br>FY 2004 Budget<br>The FY 2004 budget reduces child care funding. Overall funding for child care--including TANF funding--is expected to fall to $63.3 million in 2004, down from $81.5 million in 2002. Virtually all of the reduction in child care funding comes from reduced TANF funding for child care. |
| Florida | *Eligibility Restrictions*<br>While funding for child care has not been cut, there are currently more than 48,000 children on the waiting list for child care subsidies. |
| Georgia | Eligibility Restrictions<br>The state's child care subsidy program served 4,000 fewer children in 2002 than it did in 2001, partially because the state increased its provider reimbursement rates without increasing overall funding enough to maintain the caseload size.<br>As of October 2002, there were 22,132 children on the waiting list for child care subsidies. |
| Idaho | Funding Reduction<br>SFY 2003:<br>The $34.3 million Idaho child care program was reduced by about six percent.<br>Increased Co-Payments<br>SFY 2003:<br>The maximum share of child care expenses that the state will pay was reduced from 99 percent to 93 percent, effectively increasing per-child costs to families by about $18 per month. |
| Illinois | Funding Reduction<br>Governor's Proposed 2004 Budget:<br>• Cuts $551,000 from Teen REACH, an after-school program for at-risk students ages 6-17. In SFY 2003, this program received $19.9 million.<br>• Eliminates funding for the Children's Place, a child care facility for children with parents who have been diagnosed with HIV/AIDS. |
| Indiana | Funding Reduction<br>SFY 2003:<br>• Cut TANF transfers to CCDF by $9.7 million. The cut in child care funding would have been higher had it not been for the receipt of a TANF performance bonus.<br>Eligibility Restrictions |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| | SFY 2003:<br>• Reduced the income eligibility level for child care assistance from 143 percent to 127 percent of the federal poverty line. This resulted in a net loss of 3,000 child care slots. As of December 2002, 15,673 eligible children were on the waiting list for child care subsidies.<br>Increased Co-Payments<br>SFY 2003:<br>• Increased child care co-payments for families with incomes above 100 percent of the federal poverty line. A family with income between 100 percent and 127 percent of the federal poverty line must now pay between 2 percent and 4.9 percent of its income in child care co-payments. |
| Kansas | Eligibility Restrictions Imposed and then Restored<br>Income eligibility for child care was reduced from 185 percent to 150 percent of the federal poverty line from February 1, 2003 to June 30, 2003. Eligibility will be restored to 185 percent of the federal poverty line on July 1, 2003, the beginning of SFY 2004.<br>Quality Initiatives<br>SFY 2003:<br>• Reduced funding for early learning initiatives by $1.4 million in SFY 2003. These reductions impacted child care and resource and referral activities, professional development for child care providers, and technical assistance to infant/toddler caregivers.<br>• Eliminated grants to child care centers to meet licensing requirements and for quality enhancements.<br>• Reduced quality initiative grants by $300,000 ($229,400 were state funds). |
| Kentucky | *Funding Reduction*<br>SFY 2003:<br>• Child care program spending is expected to decline from its peak of $153 million in SFY 2002 to $146 million in SFY 2003, a 4.8 percent cut.<br>Eligibility Restrictions<br>SFY 2003:<br>• Froze eligibility for new child care subsidies in May 2003, except for TANF recipients, teen parents, and child protective services cases. Eligibility will reopen when enrollment falls by at least 2,000 children.<br>SFY 2004:<br>• Reduce the income eligibility limit for new applicants from 165 percent to 150 percent of the federal poverty line. Families participating in the child care subsidy program remain eligible until their income exceeds 165 percent. This reduction in the eligibility limit is projected to save $9 million.<br>• Increase the minimum number of hours adults must work to qualify for child care subsidies to 20 hours per week. This change will affect families transitioning from welfare to work and other low-income working families.<br>• Change the definition of "income" to include the income of family members other than parents who live in the home with the children, such as grandparents. |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
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| Louisiana | Eligibility Restriction<br>SFY 2003:<br>• Increased the number of hours parents must work to qualify for child care assistance from 20 hours to 25 hours per week, beginning April 1, 2003. This increase resulted in the loss of eligibility for approximately 3,100 families.<br>Increased Co-Payments<br>SFY 2003:<br>• Increased co-payments such that families now pay between 30 percent and 70 percent of the cost of child care. Prior to these changes, families paid no more than 15 percent of the cost of child care.<br>Proposed SFY 2004 Budget<br>• Reduces child care funding by $15 million. |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| Maryland | Eligibility Restrictions<br>SFY 2003:<br>In January 2003, the state instituted a waiting list for child care subsidies. While families on TANF and recent former TANF recipients continue to receive child care assistance, low-income working families that have not received TANF cash assistance in the prior 12 months are placed on the waiting list. The waiting list was established due to a reduction in TANF funding for child care that occurred when some $40 million in child care funding was shifted out of child care to fill other gaps in the Department of Human Resource's budget.<br>Funding Reductions<br>SFY 2004:<br>The final 2004 budget included $36.1 million in cuts to child care programs as compared to the 2003 appropriated levels, including:<br>• A $25 million cut in the child care subsidy program. This cut will be achieved by continuing to place low-income working families who have not recently received TANF cash benefits on a waiting list for child care subsidies and is projected to result in the loss of more than 5,000 child care slots for low-income working families.<br>• A $5 million cut in after-school programs.<br>• A $2 million cut in funding for the child care resource and referral agencies. These community-based organizations help families find child care providers who can meet their children's needs. This represents a 34 percent cut in funding.<br>• A $2.1 million cut in child care quality initiatives.<br>• A $2 million cut in the child care credential program—funded at just $2.145 million in 2003—which provided financial rewards to child care providers who achieved certain levels of staff training, training subsidies for child care workers, and developed training materials.<br>• A $1.8 million cut in family support centers, which provide services to parents with children from birth to age three, both in parents' homes and in centers. In-home and center-based services include: parenting education, adult education and family literacy, job readiness training, health education and referral, infant and toddler developmental assessments and referrals, child care while parents are on-site, and peer support. Because funding was shifted out of the child care budget in 2003 after the budget was enacted, 2003 spending on child care fell below appropriated levels. Savings were achieved in large measure by instituting the waiting list. As of April 29, 2003, more than 2,500 children were on the waiting list for child care subsidies. |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| Michigan | Funding Reduction<br>SFY 2003:<br>• Reduced overall child care funding by $11.7 million.<br>Eligibility Restriction<br>SFY 2003:<br>• Reduced the income eligibility limit for new applicant families from 167 percent to 150 percent of the federal poverty line.<br>Provider Rates<br>SFY 2003:<br>• Cut child care provider rates for relative providers by six percent, or 12 to 15 cents per hour. |
| **Minnesota** | The recently enacted human services budget cut overall child care funding by some $33 million in SFY 2004 and by $50 million in SFY 2005.<br>Eligibility Restrictions<br>SFY 2004-2005 Budget:<br>• Reduces eligibility to 175 percent of the federal poverty line from approximately 290 percent of the federal poverty line. (Under the budget proposal, families will remain eligible until their income exceeds 250 percent of the federal poverty line.)<br>Co-Payments<br>SFY 2004-2005 Budget:<br>• Reduces child care spending by $11 million over the two year budget period by increasing co-payments families must make.<br><br>Provider Reimbursements<br>SFY 2004-2005 Budget:<br>• Reduces child care spending by $59 million over the two year budget period by reducing payments to providers. |
| Montana | Eligibility Restriction<br>As of January 2003, there were 700 children on the waiting list for the child care subsidy program.<br><br>Funding Reductions<br>SFY 2002:<br>• Reduced state matching funds by $172,000 (12.4 percent).<br>SFY 2003:<br>• Reduced TANF transfers to CCDF by $1.7 million.<br>• Reduced state matching funds by $320,000.<br>• Reduced quality expenditures by $300,000.<br>Increased Co-Payments<br>SFY 2003:<br>• The state implemented a co-payments increase that became effective in November 2002. Family co-payments increased from $5 to $10 per month |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
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| | for families with income below 95.5 percent of the federal poverty line.<br>Governor's Proposed SFY 2004 – 2005 Budget<br>• Reduces the annual TANF transfer to child care by $7.6 million for SFY 2004 and SFY 2005.<br>• Reduces state spending by an additional $279,931 in SFY 2004 and $676,931 in SFY 2005, leading to a loss of some $2.5 million in federal matching funds over the next two years |
| New Jersey | SFY 2004<br>Due to the uncertainty of future federal funding, the state agency projects a reduction in child care spending of $10 million in SFY 2004 (as compared to SFY 2003). Savings will primarily come from freezing enrollment in their Waiting List Reduction Initiative. |
| New Mexico | Eligibility Restrictions<br><br>SFY 2002:<br>In August 2001, the Children, Youth and Family Department reduced the income eligibility level for child care from 200 percent to 100 percent of the federal poverty line for new applicants. This action was taken to ensure that families who are at or below 100 percent of the federal poverty line, but not receiving TANF, would be able to receive child care, which is a state legislative requirement. No family receiving child care assistance prior to August 2001 was affected by this change.<br><br>SFY 2003:<br>Effective May 1, 2003, the income eligibility level for child care was increased from 100 percent to 130 percent of the federal poverty line. Families who have incomes above 130 percent of the federal poverty line, but below 200 percent of the federal poverty line, have been placed on a contact list for child care assistance. Currently, there are approximately 3,000 children on the list. |
| North Carolina | Funding Reductions<br><br>SFY 2002:<br>• Reduced funding for Smart Start by $59 million. (Smart Start is a statewide initiative that provides supports for children under five, and 30 percent of its funding must be dedicated to child care assistance for low-income families.)<br>• Eliminated state funding for Early Head Start centers for children under three (a cut of approximately $605,000).<br>• Reduced state funding for child care subsidies by four percent ($400,000).<br><br>SFY 2003:<br>• Cut TANF spending on child care by $3.9 million, but $15 million in state funds were added for a net gain of $11.1 million.<br><br>Eligibility Restriction<br>As of January 2003, there were 11,002 children on the state waiting list for child care |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| | assistance. |
| Ohio | Eligibility Restriction<br>Over the coming months, the state will reduce the income eligibility limit from 185 percent to<br>150 percent of the federal poverty line. New applicants with incomes over 150 percent of the<br>federal poverty line will not be accepted beginning June 9, 2003. Families already receiving<br>child care subsidies with incomes over 150 percent of the federal poverty line will lose these<br>subsidies as of September 30, 2003.<br>Increased Co-Payments<br>As of June 9, 2003, the state will increase co-payments. Co-payments currently range from<br>two percent to ten percent of household income. Co-payments will remain capped at ten percent of household income, but lower income families will face increased co-payments.<br>For certain families, co-payments will more than double.<br>Provider Reimbursement<br>Provider reimbursement rates will remain frozen at levels that were based on a 1998 market<br>rate survey. The reimbursement rate for friends or relatives providing child care in an informal setting will be reduced from 75 percent to 60 percent of the rate paid to certified professional family day care homes. |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| **Oklahoma** | Funding Reduction<br>• On June 30, 2003, Oklahoma will discontinue the state's $5 million First Start program. The First Start program was mirrored after Early Head Start and provided medical screenings, enhanced staff to child ratios, and home visits, in addition to early education.<br>Quality Initiative<br>SFY 2003:<br>• Eliminated the Child Care Quality Improvement Grants, which provided assistance to child care providers in purchasing quality-enhancing toys and equipment. The annual budget for this initiative was $1 million.<br>SFY 2004 Cuts Likely<br>To maintain the child care subsidy system at the current level—including movement by child care providers at higher tiered reimbursement levels and growth in the number of children participating—Oklahoma would require approximately $195 million in funding during SFY 2004. Total revenue available to the program has been estimated to be approximately $155 million, requiring about $40 million in reductions. The state is currently evaluating the impact and need for a waiting list, decreased eligibility standards, increases in parent co-payments, and the definition of countable income. |
| Oregon | Eligibility Restriction<br>February 2003<br>• Reduced eligibility from 185 percent to 150 percent of the federal poverty line.<br>Increased Co-Payments<br>2001-2003 Biennium<br>• Increased co-payments by $18 per month for all participants. The minimum co-payment increased from $25 to $43 per month.<br>2003-2005 Biennium<br>• Eliminates a provision that limited the co-payments of former TANF recipients.<br>• Increases co-payments by an additional $19 per month, increasing the minimum co-payment from $43 to $62 per month. |
| Rhode Island | Governor's Proposed SFY 2004<br>• Cancels the rate increase based on the 2002 biennial child care survey that was to be implemented in January 2004, denying providers an anticipated eight percent increase ($2,851,799 in state funds).<br>• Reduces provider rates for children receiving between 20 and 29 hours of care/week, saving $1,205,485 in state funds.<br>Reduces the number of providers that qualify for state subsidy of health care coverage, saving $244,782 in state funds. |
| South Carolina | After-School Program<br>In SFY 2003, the Department of Social Services cut a number of contracts, including almost all contracts with TANF-funded after-school programs, saving $10 million. As a result, approximately 8,000 low-income children lost their slots in after-school programs. |

| State | Child Care Funding Cuts and New Eligibility Restrictions in Child Care Programs (including TANF-funded child care programs) |
|---|---|
| Tennessee | Governor's Proposed SFY 2004 Budget<br>Increases co-payments that are required of working mothers who have left welfare for work by $1.3 million. |
| **Texas** | Funding Reductions<br>SFY 2002:<br>The state did not transfer any funds from TANF to CCDBG, resulting in a decrease of $32.9 million in funding for child care. Transferred funds that previously had been used to provide direct child services or support quality improvement activities.<br>SFY 2003:<br>Most Local Workforce Development Boards (LWDBs) increased child care co-payments. The co-payment amounts used to average between seven percent and 11 percent, and now average between nine percent and 13 percent. As of February 2003, there were 28,101 children on the child care subsidy program waiting list.<br><br>Proposed SFY 2004-2005 Budget<br>The Senate version of the 2004-2005 budget calls for reducing state child care matching funds $5.7 million below the 2003 level of $46.2 million. Responsibility for the remaining match will be passed down to the LWDBs. In order to draw down all of the federal matching funds, LWDBs would have to almost double their current child care funding. The House version of the budget does not call for this reduction in state child care matching funds, and would actually increase the state child care funding slightly—from $46.2 million in 2003 to $46.7 million in 2004 and 2005. |
| Washington | Increased Co-Payments<br>SFY 2003<br>• Increased child care co-payments by $25 per month for all families above 82 percent of the federal poverty line, saving the state $10.6 million.<br>Quality Initiatives<br>SFY 2003<br>• Eliminated all child care recruitment and retention contracts, cutting $6 million from its budget.<br>• Eliminated a $400,000 contract with the Department of Alcohol and Substance Abuse that provided training to child care providers caring for kids living in environments impacted by substance abuse.<br>SFY 2004 Proposal Under Consideration by Governor<br>The state is considering reducing eligibility for child care subsidies from 200 percent to 175 percent of the federal poverty line. (Reducing eligibility would not require a statutory change.) |
| Wisconsin | *Governor's Proposed 2003-2005 Budget*<br>The Governor's budget would:<br>• Cut funding for programs to improve child care quality by about $6.9 million per year, or approximately 55 percent.<br>Cut child care grants to local governments by almost $14.9 million annually, or 74 percent. (The Finance Committee budget proposal would restore $2.7 million in funding for scholarships and bonuses for child care teachers, and cuts an additional $1.9 million per year from the local grants.) |

Source: S. Parrott and N. Wu. (June 3, 2003). *States Are Cutting TANF and Child Care Programs: Supports for Low-Income Working Families and Welfare-To-Work Programs Are Particularly Hard Hit.* Washington, DC: Center on Budget and Policy Priorities.

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[ii] U.S. Department of Health and Human Services. (January 2001). *Head Start FACES: Longitudinal Findings on Program Performance: Third Progress Report.* Washington, DC: U.S. Department of Health and Human Services.

[iii] W.S. Barnett. (1995). "Long-term Effects of Early Childhood Programs on Cognitive and School Outcomes," *The Future of Children*, Vol. 5, No. 3, pp. 25-50.

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[v] Center for Law and Social Policy. (2003). "A Snapshot of Head Start Children, Families, Teachers, and Programs, 1996-1997 and 2000-2001." Washington, DC. Publication forthcoming.

[vi] At least 90 percent of the children served must come from families with incomes below the poverty line or be eligible for public assistance. Up to 10 percent of the children served by a local program may have family incomes that are above the poverty line.

[vii] U.S. Department of Health and Human Services. (January 2001). *Head Start FACES: Longitudinal Findings on Program Performance: Third Progress Report.* Washington, DC: U.S. Department of Health and Human Services.

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[xii] J. L. Brown and L. Marcotte. (November/December 2002). "Nutrition and Cognitive Development in Young Children," *Early Childhood News*, Volume 14, Issue 6. pp. 15-21.

[xiii] A. Reynolds., J. Temple, D.L. Robertson, and E. Mann. (2000). *Long-Term Benefits of Participation in the Title I Chicago Child-Parent Centers.* Presented at the Biennial Meeting of the Society for Research on Adolescence, March 30, 2000.

[xiv] Head Start Performance Standards. 45 CFR 1304.20(b)(1).

[xv] Head Start Performance Standards. 45 CFR 1304.20(a)(1)(i).

[xvi] Head Start Performance Standards. 45 CFR 1304.20(a)(1)(iii) & (iv).

[xvii] Head Start Performance Standards. 45 CFR 1304.20(a)(1)(ii)(C).

[xviii] Head Start Performance Standards. 45 CFR 1304.20(f)(1).

[xix] Head Start Performance Standards. 45 CFR 1304.23 (a)(1) and (2)

[xx] Head Start Performance Standards. 45 CFR 1304.23(b)(1)(ii)

[xxi] Head Start Performance Standards. 45 CFR 1304.23(b)(1)(v)

[xxii] Head Start Performance Standards 45 CFR 1304.40(f)(3)(i)and (ii)

[xxiii] Calculations by Center for Law and Social Policy using 2002 Program Information Report data, U.S. Department of Health and Human Services.

[xxiv] Head Start Performance Standards 45 CFR 1304.40(a)(1).

[xxv] Head Start Performance Standards 45 CFR 1304.40(a)(2).

[xxvi] Head Start Performance Standards 45 CFR 1304.40(a)(3).

[xxvii] Head Start Performance Standards 45 CFR 1304.40(b)(2).

[xxviii] Head Start Performance Standards 45 CFR 1304.40(b)(1)(i), (ii), and (iii).

[xxix] R. Schumacher and K. Irish (2003). *What's New in 2002? A Snapshot of Head Start Children, Families, Teachers and Programs.* Washington, DC: Center for Law and Social Policy.

[xxx] Head Start Performance Standards. 45 CFR 1304.21(a)(4)(i).

[xxxi] Head Start Performance Standards. 45 CFR 1304.21(a)(4)(iii).

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[xxxiii] Head Start Performance Standards. 45 CFR 1304.21(b)(1)(i).

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[xxxvii] Head Start Performance Standards. 45 CFR 1304.21(c)(1).

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[l] Head Start Performance Standards, Section 1308.5(f).
[li] The SICC's purpose is to give advice to programs within state early intervention and education systems regarding the delivery of appropriate services to children between the ages of birth and five who live in the state.
[lii] Head Start Act, Sections 640(d), 645A(b)(8).
[liii] Head Start Performance Standards, Subpart B and Head Start Performance Standards, Section 1308.21; Guidance to Head Start Performance Standards, Subpart G.
[liv] Head Start Performance Standards, Sections 1308.6(b), (d).
[lv] Head Start Performance Standards, Section 1308.6(e).
[lvi] Head Start Performance Standards, Section 1308.19; Guidance to Head Start Performance Standards, Subpart B.
[lvii] Head Start Performance Standards, Section 1308.4(h).
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[cv] C. Scott-Little, S.L. Kagan, and V. S. Frelow. (2003). *Standards for Preschool Children's Learning and Development. Who Has Standards, How Were They Developed, and How Are They Used?* Greensboro, NC: SERVE. The report notes "[w]ithin the field of early care and education, this type of standard has many different names, including early learning standards, child outcomes, benchmarks and performance indicators…" The report also notes that standards are often used in a confusing way,



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and have "been linked to program performance standards or the inputs that lead to quality programs..." For the purposes of this section, we are using the outcomes-based definition of standards.

[cvi] Maine has two separate sets of CBO standards that were applicable for children before they enter kindergarten.

[cvii] Washington has two sets of standards, one developed by the Children's Services Unit Office of Community Development as part of the evaluation for the Early Childhood Education and Assistance Program (ECEAP) and the other developed by the Office of Superintendent of Public Instruction (OSPI).

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